THE CANADIAN NURSE

VOLUME 56 **NUMBER 9**

SEPTEMBER 1960

772 Between Ourselves

774 Pharmaceuticals and Other Products

776 Random Comments

783 Atlantic Convention

792 Honorary Memberships

794 Platform of the Canadian Nurses' Association

795 Our President

796 The Status of Professional Women ..... *P. Garique*

802 The Nightingale School of Nursing, Toronto ..... *B. Duncanson*

806 Psychology and Gerontology ..... *Sr. J. Ovide*

810 Cor Triatriatum ..... *J. Aird*

814 The Ward Workbook ..... *M. M. Conroy*

818 Public Health Nursing in Newfoundland ..... *R. Harnett*

826 Nursing Across the Nation

828 Extradural Hematoma ..... *K. A. Doonan*

836 Parents and the Home and School Health Program ..... *F. Morier*

838 In Memoriam

840 Book Reviews

846 Employment Opportunities

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

Executive Director and Editor: Margaret E. Kerr, M.A., R.N.
Associate Editor: Jean E. MacGregor, B.N., R.N.
Assistant Editors: Gabrielle D. Coté, M.A., R.N., Pamela E. Poole, B.N., R.N.
Production Assistant: Elizabeth M. Hanlon. *Translator:* Lily Tasso.
Circulation Manager: Winnifred MacLean
1522 Sherbrooke Street West, Montreal 25, Quebec

Subscription Rates: Canada & Bermuda: 6 months $1.75; one year, $3.00; two years, $5.00.
Student nurses — one year, $2.00; three years, $5.00.
U.S.A. & foreign: one year, $3.50; two years, $6.00.
Single copies 35 cents.
In combination with the
American Journal of Nursing: 1 year, $8.00; *Nursing Outlook:* 1 year, $7.00.
Make cheques and money orders payable to The Canadian Nurse.
Change of address: Four weeks' notice and the *old* address as well as the new are necessary.
Not responsible for Journals lost in mail due to errors in address.
Authorized as Second-Class Mail, Post Office Department, Ottawa.
Member of Canadian Circulations Audit Board.

Between Ourselves

Although there was a remarkably good registration at the recent convention in Halifax, the number who were present was actually only a very small fraction of the total membership of the Canadian Nurses' Association. In order that all of the members may have a share in the interest, and enthusiasm and, above all, become aware of the momentous decisions reached there, your editors have completed their accounts with all possible speed.

The general consensus was that it was an excellent program. There was no sag in the attendance, even on the last day. From the rate that flash bulbs kept popping at every session we would judge that many of your delegates will be illustrating their reports to chapter meetings with colored slides. Unhappily, from the *Journal's* point of view, the profusion of pictures taken did not help us to provide many illustrations for your interest. Despite dozens of enquiries, it seemed that only one photographer, Miss CLARA R. AITKENHEAD of Sherbrooke, Que., had two cameras with her — one for color, the other for black and white pictures. We are most grateful to Miss Aitkenhead for the pictures that enliven the story of the convention.

* * *

The announcement of election results brings a new panel of leaders to the fore. Next month we shall devote Nursing Profiles to the introduction of the 1960-62 members who will head up the CNA Executive Committee. The key member of this group is, of course, the new president, Miss HELEN M. CARPENTER. Well known professionally throughout Canada, our introduction will give you a few glimpses at Helen Carpenter, the woman.

As we checked our listing of the past presidents of the CNA, we found that eight of the twenty have passed away; eight of the presidents were residents of Ontario at the time they took office, with Quebec four, British Columbia three, Saskatchewan two, Alberta and Manitoba one each. Since 1922 when the name "Canadian Nurses' Association" became the official title, five of the presidents have served two terms of two years each. There has not been a president from any of the Maritime provinces though two of the vice-presidents elected this year reside there.

Great interest has been aroused over the new Nightingale School of Nursing that is receiving its first class of students this month. MRS. BLANCHE DUNCANSON describes the pattern of organization and lists the well qualified staff members who will be assisting her in the development of the program.

International interest has been aroused in this venture since its forerunner, the first Nightingale School, that was established in St. Thomas's Hospital, London, England, is this year celebrating its one hundredth anniversary. Special comment on that celebration may be found in *International Nursing Review.*

* * *

Next month we plan to publish the latest revision of the very useful "Clinical Laboratory Procedures" by DR. E. M. WATSON that has appeared twice before in our *Journal.* As previously, reprints of this material will be made available for sale to the students in schools of nursing as well as to any graduates who may wish to procure the separate copies. The price of single copies will be 15 cents with reductions for quantities as follows:

One dozen copies — $1.50
25 to 100 copies — 10 cents each
more than 100 copies — 8 cents each

Payment should accompany your order to ensure prompt delivery. Please include 15 cents for exchange if payment is made by cheque. An order form appears on page 844 for your convenience in placing your request ahead of time.

* * *

Speaking of forms, we are immensely pleased that those of you who have moved recently have made such excellent use of the change of address form first published in last May's issue. It is repeated on page 844 and will be included from time to time in the months to come.

* * *

Last June, we anticipated in this column the publication this month of an article on retinal detachment. It has been decided to postpone this material for a few months since it is planned to devote an entire issue to various eye conditions soon.

I think, therefore I am. — DESCARTES

A Textbook So Completely New, and Up-to-Date, You Won't Believe Your Eyes!

Just Published! New 8th Edition **Krug**

PHARMACOLOGY IN NURSING

The new 8th edition of this popular book was published on August 30th• This publication date assures you that this book is the most up-to-date pharmacology textbook for nurses available for your Fall classes because all drug references included in this new edition have been revised in accordance with the new Volume XVI, United States Pharmacopoeia and the new 11th Edition of the National Formulary, both of which were published in recent months• This revision has been so completely redesigned and rewritten that it is virtually a new book• It has a new format, new text material, new illustrations, new drugs• Still clearly evident, however, is the writing skill and communication abilities of Miss Krug, a dedicated and experienced nursing school instructor, to present pharmacology in a way that nursing students can readily understand• Just one of several significant features that have made Miss Krug's book the standard by which all other pharmacology textbooks for nurses have been judged for 24 years•

Just Published! New 6th Edition **Anderson**

WORKBOOK OF SOLUTIONS AND DOSAGE OF DRUGS (Including Arithmetic) — *Closely Correlated With Krug*

Closely correlated with the sequence of the textbook above and with students' clinical learning experience, this helpful workbook presents a quick, basic review in arithmetic and methods of preparing dosages of drugs and solutions• Incorporating a larger number of problems than most workbooks, this edition takes into consideration that students have had basic arithmetic and therefore emphasizes simple, sound principles in problem solving that will promote speed and accuracy• The drugs used in problems are those currently used in most hospitals• The accompanying answer book provides a particularly helpful survey test (pre-test) for evaluating students' ability, and a ready source for checking out-of-class work•

By ELLEN M. ANDERSON, R.N., B.S., M.A., Director, School of Nursing, Columbia Hospital, Milwaukee, Wisconsin. Just Published. 6th edition, 176 pages, 7¾" x 10½". Price, $3.25.

Gladly Sent to Teachers for Consideration As Texts

Write

The C. V. MOSBY Company

3207 Washington Boulevard, St. Louis 3, Missouri, U.S.A.

Represented in Canada by

McAINSH and Co., Ltd., 1251 Yonge Street, Toronto, Ontario

Pharmaceuticals
and other products

AURIMEL

Indications—To reduce cough associated with acute respiratory infections.

Description—Each 5 cc. teaspoonful contains: dextromethorphan hydrobromide 5 mg., carbinoxamine maleate 2 mg., phenylephrine hydrochloride 5 mg., sodium citrate 325 mg.

Administration—Adults, one or two teaspoonfuls q.i.d.; children 5 to 12 years, one teaspoonful q.i.d.; infants and children under 5 years, half a teaspoonful t.i.d.; or as directed by physician.

Manufacturer—Charles E. Frosst & Co., P.O. Box 247, Montreal.

BRONKEPHRINE

Indications—For the relief and management of bronchial asthma. Especially valuable in those cases which do not respond to other sympathomimetic compounds.

Description—Each cc. contains ethylnorepinephrine [racemic 1 - (3,4-dihydroxyphenyl) - 2-amino-1-butanol] hydrochloride 2 mg. in an isotonic saline solution with sodium acetone bisulfite 0.2% and chlorobutanol 0.25% as preservatives.

Administration—Subcutaneously or intramuscularly. Adults: average dose is 1 cc. Repeat q.4h. as needed. Children: dosage varies according to age. Usually 0.5 cc. to 0.8 cc. is sufficient.

In emergencies, may be injected by slow intravenous administration given over a period of seven to ten minutes in a dosage of 0.5 cc.

Manufacturer—Carter, Cummings & Co. Ltd., Aurora, Ont.

CORICIDIN NASAL MIST

Indications—For relief of nasal congestion in sinusitis, hay fever and common cold.

Description—Aqueous solution containing 3 mg. Chlor-Tripolon gluconate, 5 mg. phenylephrine hydrochloride and .05 mg. of gramicidin per cc.

Manufacturer—Schering Corporation Limited, Montreal 9.

ENDRINE

Indications—As a nasal decongestant in colds, coryza, sinusitis.

Description—Formerly Camolus Spray with ephedrine. Ephedrine alkaloid 0.5%, menthol, camphor, eucalyptol in a nonirritating oil base.

Administration—Instil or spray into nostrils.

Manufacturer—John Wyeth & Brother (Canada) Limited, Walkerville, Ontario.

NORISODRINE SYRUP

Indications—Prophylaxis and treatment of asthmatic attacks, treatment of allergic coughs and bronchitis.

Precautions: not to be given to patients intolerant to iodides; to be given with caution in hypertension or other cardiovascular disease. Overdosage may result in symptoms, such as dizziness, palpitation, nervousness, tachycardia. Dosage should be reduced.

Description—Each 5 ml. teaspoonful contains: norisodrine sulfate 3 mg., calcium iodide (anhydrous) 150 mg., alcohol 6%, in a honey-mint flavoured syrup.

Administration—Suggested dosage is normally every 4 to 6 hours: Age 1 to 3 years, ½ teaspoonful, repeated in 2 hours if necessary. Age 3 to 10 years, ½ to 1 teaspoonful, repeated every 30 minutes up to a total of 3 teaspoonfuls. 10 years and over 1 to 2 teaspoonfuls, with repeated doses of 1 teaspoonful.

Manufacturer—Abbott Laboratories Limited, Montreal 9.

OTRIVIN NASAL SOLUTION

Indications—For symptomatic relief of nasal congestion with colds and other upper respiratory diseases, hay fever, and sinusitis.

Description—Xylometazoline hydrochloride. Effective, safe decongestant, drains swollen nasal mucosa with virtually no local or systemic side-effects. Acts rapidly, effects last 4 to 6 hours.

Administration—Nasal solution: 2 or 3 drops in each nostril every 3 to 4 hours. Pediatric nasal solution: Children under 6 years: 1 drop in each nostril q.4h. Children from 6 to 12 years: 2 or 3 drops in each nostril q.4h.

Manufacturer—Ciba Company Limited, Dorval, Quebec.

PHENERGAN-EPHEDRINE

Indications—Bronchial asthma, hay fever, allergic rhinitis, sinusitis, headache of allergic origin, whooping cough.

Description—Tablets containing 10 mg. Phenergan and 10 mg. ephedrine, and tablets containing 25 mg. Phenergan and 25 mg. ephedrine.

Administration—Adults: 1 to 3 tablets 25 mg. or 2 to 7 tablets 10 mg. Children: from 10 to 14 years: 1 to 4 tablets 10 mg.; from 5 to 9 years: ½ to 2 tablets 10 mg.; from 2 to 4 years: ⅓ to 1 tablet 10 mg. Never exceed the recommended dosage. Prolonged usage of this drug should be made only on a physician's advice with close supervision of the patient.

Manufacturer—Poulenc Limited, 8580 Esplanade, Montreal 11.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

DALHOUSIE UNIVERSITY

School of Nursing

COURSES OFFERED

1. **Degree Course in Basic Professional Nursing**
   Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing **and** the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.
2. **Degree Course for Graduate Nurses**
   Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.
3. **Diploma Courses for Graduate Nurses**
   (a) Public Health Nursing
   (b) Teaching in Schools of Nursing
   (c) Nursing Service Administration

For further information apply to:

DIRECTOR, SCHOOL OF NURSING
DALHOUSIE UNIVERSITY, HALIFAX, N.S.

McMASTER UNIVERSITY

DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.) It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

For additional information, write to:

School of Nursing,
McMaster University, Hamilton, Ontario.

CLINICAL COURSE IN PSYCHIATRIC NURSING

Offered by

THE MENTAL HEALTH SERVICES, BRITISH COLUMBIA

to

Nurses eligible for B.C. registration

- **Admission: Oct. 1960 and March 1961**
- **Six month program of instruction and practice**
- **Reasonable monthly stipend**
- **Room and Meals at nominal rates**

For further information please write to:

ASSOCIATE DIRECTOR, DEPARTMENT OF NURSING EDUCATION, ESSONDALE, B.C.

NOVA SCOTIA SANATORIUM
KENTVILLE N.S.

Offers to Graduate Nurses a Three-Month Course in ***Tuberculosis Nursing***, including Immunology, Prevention, Medical & Surgical Treatment.

1. Full series of lectures by Medical and Surgical staff.
2. Demonstrations and Clinics.
3. Experience in Thoracic Operating Room and Postoperative Unit.
4. Full maintenance, salary & all staff privileges.

For information apply to:

DIRECTOR OF NURSING, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

WILLS EYE HOSPITAL
Philadelphia, Penna.

The largest eye hospital in the United States offers a six-month course in ***Nursing Care of the Eye*** to *Graduates of Accredited Nursing Schools*. Operating Room Training is scheduled in the course.

- Full maintenance and a stipend of $237 per month for the first three months. $247 per month for the last three months, plus maintenance.
- REGISTRATION FEE IS $20
- Course starts **September 16th & March 16th.** Ophthalmic Nurses in great demand for hospital eye departments operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses,
Wills Eye Hospital,
1601 Spring Garden Street,
Philadelphia 30, Penna.

Random Comments

Dear Editor:

I want to commend you and thank you for the fine quality of "our" magazine and to add that I appreciate having the magazine in the two separate languages. I admit that I read it more avidly here than I did at home and appreciate the way it keeps me abreast in the various aspects of nursing, including the new drugs. I send my used copies to an Indonesian nurse on another island who is interested in nursing in other countries and also uses the *Journal* as a means to improve her English.

With the delay of surface mail, I received the November issue recently and wish to comment on the "Nurse-Midwife" articles which I think are very good. In my two and a half years on this island I have been called upon to do a lot of midwifery without any real training in that field, my only experience being several years of rural nursing in Saskatchewan. I can even repair episiotomies now without shaking too much! The large percentage of our cases are home deliveries and we have had virtually no postpartum infection even in the smallest, darkest bamboo huts. As in all Eastern countries, child birth is accepted as a very natural thing and hence all deliveries can be handled nicely without anesthetic. We ordered Trilene from home but so far have used it only in other minor things, never yet in obstetrics.

Aside from service in foreign countries, I think there is a real place and definite need for nurse-midwives in Canada when I think of the rural and outpost areas where there are few doctors and these so overworked. And with Miss Mills, I agree that also in the bigger centres they can play an important role.

Anne Warkentin,
Tobelo, Halmahera, Indonesia.

Dear Editor:

In our June 1960 issue in the article "Bed-Pan Hands" I read as follows: "Are any soaps or detergents good for the skin? No!" Why, then, is foam (made from Sunlight and Dial soaps) being applied to open bed-sores? This I know to be a fact.

During my training we were taught not to use soap on bed-sores, but rather to keep the area dry with surgical powder and prevent pressure. I am very anxious to learn where

this soap treatment originated and if you consider it feasible.

The article in the May 1960 issue, "The Treatment of Deep-Seated Ulcers by Exposure to Air and the Use of Oxygen" was most interesting, but nursing homes do not have hospital facilities.

Jane Lewis, Manitoba

¶We would welcome comments on the above questions from the readership. Ed.

Dear Editor:

I have been doing private duty nursing for the past four years and find that you certainly have to keep up with the times in this type of work. We are expected to take over anything from complicated chest surgery to cerebro-vascular accidents without changing stride. To do this, I read as much as I possibly can in various text books, nursing journals, etc.

The "New Products" section in our *Journal* is an excellent source of information, but I have often wished that the drugs could be published in groups, i.e. a page of tranquillizers, sedatives, laxatives, etc. We could then file them for further reference. I once undertook to clip them and paste them in categories but found it too much work and very complicated. If they were classified according to action one would soon accumulate a valuable file for ready reference.

A section for exchange of ideas in coping with various nursing problems would be helpful and interesting.

Gertrude Willson, Alberta

¶We will give some thought to your suggestions. Ed.

Dear Editor:

May I take advantage of this opportunity to congratulate you on the effort put into the production of a French-language journal for nurses of that language. The articles we read are of the best written and the subjects are chosen with art. But, would it be possible to accord a little more important place to the French-speaking nurse? This question is asked without prejudice and is merely a proposal. On the whole, it is also the sentiments of my colleagues.

M. G. Picard, Quebec.

¶It takes time for things to work out. Authors must be allowed to find for themselves the road to publication. One must aim for top quality and this will come with time. We are far from feeling desperate about it! Ed.

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified **Registered Graduate Nurses** the following opportunity for advanced preparation:

A six month *Clinical Course* in *Operating Room Principles and Advanced Practice.*

Course commence in JANUARY and SEPTEMBER of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students.

For further information please write to:

DIRECTOR OF NURSING
GENERAL HOSPITAL
WINNIPEG, MANITOBA

MOUNT HAMILTON HOSPITAL

offers a three-month Postgraduate Course in Obstetric Nursing to qualified Registered Nurses.

Additional lectures in Teaching and Administration will be given in conjunction with McMaster University.

FINANCIAL ASSISTANCE AVAILABLE.

Course to commence January, April, September.

For further information apply to:

MISS ELIZABETH FERGUSON, R.N.,
SUPERINTENDENT OF NURSING,
MOUNT HAMILTON HOSPITAL,
HAMILTON, ONTARIO

POSTGRADUATE COURSES
FOR
REGISTERED NURSES
Notre Dame Hospital of Montreal

- GENERAL MEDICINE
- GENERAL SURGERY
- OPERATING ROOM
- OBSTETRICS

Classes: September and March
Duration: 6 months

Substantial remuneration
Meals and laundry provided.
Ability to speak French essential.

For further information write to:

**LA DIRECTRICE DU NURSING
HOPITAL NOTRE-DAME
1560 EST, SHERBROOKE,
MONTREAL, QUEBEC.**

ST. JUSTINE'S HOSPITAL
OFFERS

Postgraduate courses for
REGISTERED NURSES
in

- Pediatrics
- Obstetrics

in cooperation with the Marguerite Youville Institute, and leading to a university certificate as well as a refresher course in the

- Care of the Premature Infant

in cooperation with the Minister of Health of the Province of Quebec.

For further information write to:

**LA DIRECTRICE DU NURSING,
HOPITAL SAINTE-JUSTINE
3175 CHEMIN STE-CATHERINE,
MONTREAL 26.**

SCHOOL FOR GRADUATE NURSES
**MARGUERITE D'YOUVILLE INSTITUTE
AFFILIATED WITH THE UNIVERSITY
OF MONTREAL**

**POSTGRADUATE COURSES
FOR REGISTERED NURSES**

1. Bachelor of Science in Nursing. This course offers broad general education integrated into a teaching specialty, in order to prepare leaders at all levels in the profession.
2. Certificates — according to orientation.
   — Clinical supervision for the responsibilities of clinical services.
   — Nursing instruction for those who teach student nurses, in the classroom and in clinical areas.
   — Nursing specialities (Medicine, surgery, pediatrics, obstetrics, etc.)

N.B. For specialization in obstetrics and pediatrics, bursaries, distributed by the Marguerite d'Youville Institute, are offered to the nurses of the province, by the divisions of Nutrition, and Maternal and Child Care of the Ministry of Health of the Province of Quebec.

Ability to speak French essential.

For further information, write to:

**LA DIRECTRICE
INSTITUT MARGUERITE D'YOUVILLE
1185 RUE ST-MATHIEU - MONTREAL 25, P.Q.
TEL. WE. 7-9501 - LOCAL 43**

THE MOUNTAIN SANATORIUM
Tuberculosis Division of the Hamilton Health Association
offers
a two months postgraduate course in
**IMMUNOLOGY
PREVENTION AND TREATMENT**
of
TUBERCULOSIS

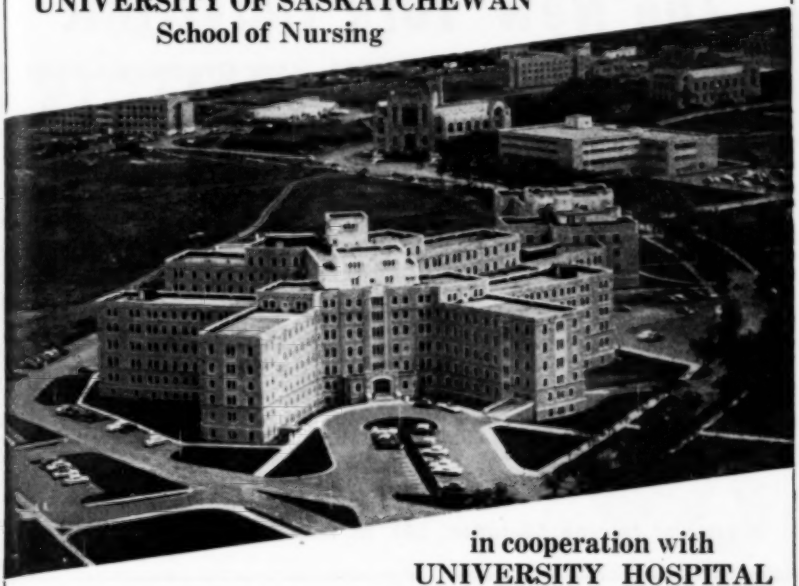
Write:
**DIRECTOR OF NURSING,
BOX 590, HAMILTON, ONTARIO.**

CHILDREN'S HOSPITAL OF WASHINGTON, D.C.
OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Admission dates, May 3, August 30, 1960, January 3, May 2, and August 29, 1961.

For complete information write to:
**DIRECTOR OF NURSING
2125-13th STREET, N.W., WASHINGTON 9, D.C.**

UNIVERSITY OF SASKATCHEWAN
School of Nursing



in cooperation with
UNIVERSITY HOSPITAL

PROGRAMS FOR GRADUATE NURSES

Teaching and Supervision

To meet the needs of nurses wishing to prepare for positions of responsibility in either teaching or supervision in Schools of Nursing.

Public Health Nursing

To meet the needs of nurses wishing university preparation for staff work in public health nursing agencies.

Administration of Hospital Nursing Service

To meet the needs of nurses preparing for head nurse, supervisory or matron positions.

This program is supported by the W. K. Kellogg Foundation.

Diplomas are granted on successful completion of the above programs and credits earned may be applied toward the degree of Bachelor of Science in Nursing.

PROGRAMS FOR HIGH SCHOOL GRADUATES

Leading to the Degree in Nursing

Students with senior matriculation may pursue a combined academic and professional program leading to the degree of Bachelor of Science in Nursing. In the final year students will elect to study Teaching and Supervision or Public Health Nursing. This broad educational background followed by graduate professional experience enables nurses to progress rapidly into positions of responsibility.

Leading to the Diploma in Nursing

A three year hospital program is conducted for students meeting the entrance requirements of the University.

For further information or inquiries about scholarships, write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF SASKATCHEWAN, SASKATOON, SASKATCHEWAN

The New York Polyclinic

MEDICAL SCHOOL AND HOSPITAL • Organized 1881

The Pioneer Postgraduate Medical Institution in America

Announces the following Courses (Six Months Duration) for qualified Graduate Nurses

OPERATING ROOM NURSING

MEDICAL SURGICAL NURSING

OUT PATIENT DEPARTMENT NURSING

Courses include lectures by the Faculty of the Medical School and the Nursing Department

Stipend of $50.00 per month and full maintenance is provided

For information address:

Director of Nursing Education, 345 W. 50th St., New York, 19, N.Y.

COURSES
FOR
GRADUATE NURSES

in various clinical fields.

Terms begin October 17, 1960, January 9, 1961, April 3, 1961 and June 26, 1961.

Room, meals, laundering of uniforms, and honorarium provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

DIRECTOR, SCHOOL OF NURSING
THE JOHNS HOPKINS HOSPITAL
BALTIMORE 5, MARYLAND, U.S.A.

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING
MONTREAL, QUEBEC

Postgraduate Courses

1. (a) Six month clinical course in Obstetrical Nursing.

   Classes—September and February.

   (b) Two month clinical course in Gynecological Nursing.

   Classes following the six month course in Obstetrical Nursing.

   (c) Eight week course in Care of the Premature Infant.

---

2. Six month course in Operating Room Technique and Management.

   Classes — September and March.

---

3. Six month course in Theory and Practice in Psychiatric Nursing.

   Classes — September and March.

Complete maintenance or living-out allowance is provided for the full course.

Salary — a generous allowance for the last half of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N.
Director of Nursing,
Royal Victoria Hospital
Montreal, P.Q.

BLAND'S

Student Nurse Uniforms.

There's just nothing better.

Made and sold only by

BLAND AND COMPANY

2048 Union Ave., Montreal, Canada

Another Step Forward in Infant Nutrition

Cereal with added protein. Infantsoy contains a high percentage of de-fatted protein and is an important source of iron and B12 vitamins. The absence of wheat germ, an allergy irritant, indicates it can be freely recommended as an excellent energy cereal for celiac cases.

SAMPLES are always gratefully received by mothers, and Heinz is pleased to make these samples available to you. Write to Heinz Baby Foods, Professional Services Dept., Leamington, Ont.

a service for you . . .

THE NEW HANDBOOK OF NUTRITION

A complete reference manual concisely and authoritatively compiled. It summarizes the latest, accepted clinical information, sample diets, charts and tabular material.

Available now through McGRAW HILL CO. OF CANADA LTD.
253 Spadina Road, Toronto, Ontario

BFM-161A

HEINZ BABY FOODS 57

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 56 NUMBER 9

MONTREAL, SEPTEMBER 1960

ATLANTIC CONVENTION

THE 30TH BIENNAL CONVENTION of the Canadian Nurses' Association has come and gone. It was a history-making meeting, as will be seen from this day-to-day account of activities, and in general a very busy, exceedingly pleasant and successful event. With a total registration in excess of eleven hundred, there was a gratifying representation from every province. These delegates will return to their various chapters and districts to report to those who stayed at home to carry on the daily round of work. The task of trying to remember all of the important highlights from five very full days can be rather staggering. Ask any delegate entrusted with the responsibility! To help them and to inform those of you who may not hear a delegate's report we have prepared our detailed summary of this Atlantic convention.

SUNDAY

Convention week began under sunny skies. By 10:00 a.m., nurses were streaming into the Queen Elizabeth High School to register, to pick up convention folders and name tags, to sign up for the various social events and to begin the delightful business of renewing acquaintances and friendships that is so much a part of such meetings. The pretty Nova Scotian tartan was much in evidence. Every name tag had a tiny border of it and each registrant received a memento to remind her of the early history or resources of the province. Members of the Executive Committee wore a purple thistle and bow of tartan on their labels. Other registrants received a novelty tartan boutonnière; some treasured a shell ash tray, some a little golden seahorse. Then, the formalities of registration behind them, the remainder of the day until early evening was free for sightseeing, visiting or just "loafing."

Shortly before 7:00 p.m. nurses began arriving to take part in the religious services planned for them. Those of the Roman Catholic faith gathered at beautiful St. Mary's Cathedral for the evening benediction. Protestants worshipped at the historic Church of St. Paul whose parish records date back to June 21, 1749.

Wearing mortar boards, gowns and hoods, the president-elect, HELEN CARPENTER, and second vice-president, E. A. ELECTA MACLENNAN read the evening lessons. There, in the peace and quiet of these lovely old churches, we had time to reflect again on the origin of our profession; to speculate briefly on what might be ahead; perhaps, to renew again that spirit of service to others which had first led us into nursing.

The services over, some nurses went on to receptions planned by alumnae groups. Many, feeling the combined effects of sun, sea air, excitement and a long journey, found their way back to hotels, motels and tourist homes for a good night's rest as preparation for a busy week.

MONDAY

Morning Session

Halifax sparkled in brillant sunshine as the registrants, the exhibitors, the press, the translators and the technicians poured into the Q.E.H.S. auditorium from chartered buses provided by the city after a plasterers' strike halted the completion of the fine new addition to the Hotel Nova Scotian.

Where else in Canada could be found not one, but two student nurses skilled in the playing of bag-pipes? With the stirring skirl of "The Road to the Isles" the platform party was escorted down the aisles for the opening ceremonies.

To the HON. ROBERT L. STANFIELD, Premier of Nova Scotia, was accorded the privilege of officially opening the convention. In his brief comments, Mr. Stanfield paid high tribute to the members of the nursing profession, noting that though many other professional groups, even politicians, were often severely criticized, even the jokes about nurses were usually flattering.

Other dignitaries and visitors added to the welcome that was so warmly extended. Miss MARGARET MATHESON, president of the Registered Nurses' Association of Nova Scotia had a special word of greeting for the groups of student nurses from every province. Miss ALICE SHER, a member of the professional staff of the International Council of Nurses, noted that the CNA was the third largest national association in the ICN and was looked to for leadership by the smaller member countries.

As she took the roll call by provincial associations, Miss M. PEARL STIVER observed that the voting body of 211 delegates ranged in size from 63 for the Registered Nurses' Association of Ontario down to 5 for the Association of Nurses of Prince Edward Island.

DR. JOHN B. HARDIE, M.A., B.D., Ph.D., professor of Old Testament literature at Pine Hill Divinity Hall, with a delightful Scottish burr, delivered a memorable keynote addresss. Since he spoke from scanty notes only, there is no text to share. He noted that though many professions claim to be the oldest in the world, the *art* of nursing is as old as mankind itself. Throughout the Old Testament there are frequent references to care in times of illness. Of the three factors that have profoundly influenced nursing, *religion* — embodying the cherished desire to serve others — has been most potent. It is reflected in the names given to hospitals that started as "hospice" set up to care for ailing pilgrims to the Holy Land — Hotel Dieu, St. Bartholomew, St. Paul, etc. Nursing is religion in action, the acceptance of responsibility for the well-being of others — physically, socially, mentally and spiritually.

War has been the second influencing factor in the development of nursing ideals. Modern nursing had its genesis in the lessons learned in the Crimea. It came of age in later wars when, "there was a tendency to brutalize everything in humanity." Nursing demonstrates that "not even such devastating wars could wipe out the inherent greatness of human nature."

Science, the third factor, has virtually eliminated many of the diseases that had plagued mankind for thousands of years. Surgical techniques of today are very different from the fumblings of a century ago. "When you contrast the old practices with those of the present you see how far and how fast humanity can advance . . . This is how the nursing profession can teach a lesson in faith."

Afternoon Session

Re-read Miss ALICE GIRARD's presidential address, published in our

August issue, that opened the afternoon session. The accomplishments of the biennium that she noted were further emphasized in the general secretary's report which Miss Stiver highlighted.

1. The total membership of the Canadian Nurses' Association has soared from 28,350 in 1950, to 57,165 in 1960 — more than double! As of December 31, 1959, the actual membership was: Honorary — 15, active — 51,387, associate — 5,763.

Comment: More and more the CNA is becoming representative of all graduate nurses in Canada.

2. After many years of urging and pressure from various interest groups in nursing, the CNA Retirement Plan came into being in January 1959. Eighteen months later, only 238 nurses were enrolled in this excellent means of providing for their own comfort and security at retirement!

Comment: "Why are there not more enrolled? We believe it is because nurses do not know about the plan, do not understand it . . . We ask each CNA member to talk about the plan, ask other nurses about it, discuss it in chapter meetings."

As treasurer of the association, Miss Stiver noted that, despite careful planning, it had not been possible to keep the expenditures within budget allocations and the biennium would close with a sizeable deficit. Miss Carpenter, chairman of the finance committee, then presented urgent and valid reasons for the acceptance of the proposed increase in the affiliation fees paid through the provincial associations. No vote was taken on this question at this time as it seemed essential to provide a broad understanding of the anticipated developments in the national association following discussion of the recommendations included in the Pilot Project report.

To top off the first day's program, his worship, MAYOR CHARLES A. VAUGHAN, resplendent in his chain of office, welcomed the nurses at a garden party given by the City of Halifax. The Shearwater Navy band provided stirring background music.

TUESDAY

Morning Session

In 1956 the Canadian Nurses' Association, meeting in convention in

ISABEL STEWART, PEARL MCIVER AND ELIZABETH SMELLIE

Winnipeg, formally voted to undertake the research project now so familiarly known to us as the Pilot Project. In September, 1957, Miss HELEN MUSSALLEM was appointed director of the Project and, in the intervening months, has guided it to a successful completion. This entire day was devoted to the report on the project.

As former chairman of the task committee directed to look into ways and means of setting up a program of accreditation and latterly, as chairman of the special committee appointed to assist in the developing project, SISTER DENISE LEFEBVRE discussed activities "Behind the Scenes on Accreditation." She reviewed the steps taken in laying the groundwork for the Pilot Project. Delegates shared a chuckle as the president, Miss Girard, told how Sister Lefebvre and Miss Mussallem had been affectionately nicknamed "Mother of Accreditation" and "Miss Accreditation" respectively.

Miss Mussallem's remarks picked out the highlights of her complete report and included a reading in full of the recommendations arising from the study. As she concluded it, there occurred one of those moments of deep emotion and drama that characterized this biennial meeting. With one accord the audience rose to its feet for a standing ovation that expressed warm appreciation of the exceptional personal qualities of the director, who has won friends for the Project and herself wherever she went, and acknowledged the intensive and concentrated effort

that was necessary to complete the Project within the allotted time. Miss EDNA ROSSITER, director of nursing, Shaughnessy Hospital, Vancouver and president of the RNABC, in moving that the report on the Pilot Project be accepted for discussion, helped to put into words what many listeners were feeling when she described it as a privilege to be able to do so.

Special Luncheon

Several hundred nurses gathered at the Hotel Nova Scotian to dine and to listen to DR. ALLAN B. MORRISON, director of research and curriculum with the Nova Scotia Department of Education. The guest speaker commented on the report of the Pilot Project and described it as a particularly well organized factual study. His address dealt specifically with general education, the changes made necessary and the problems that have developed as the result of accelerating scientific and technological advances over the past years. A more complex economy and culture have resulted in higher value being placed upon education. The unskilled laborer is finding it increasingly difficult to secure a place for himself.

With an acceleration in the number of children proceeding to matriculation, Dr. Morrison felt that there was less and less selectivity in the group being educated; that an attempt was being made to prepare them for more and more complex jobs in a highly technical world which, at the same time, demanded less and less individual effort to subsist because of welfare trends. In addition, essentially the same program, virtually unchanged in the past half century, was being offered to all students.

He suggested that the public schools had two major tasks. "To broaden the general educational program in a modest fashion so that provision can be made for the kind of courses required for entrance to university plus some general education courses for those who plan to enter specific kinds of training." The second task, perhaps the more important, would be to set up counselling services that would provide both parents and students with the most accurate information possible in regard to a student's ability, aptitude, interest and potentiality. His closing remarks have particular significance for nursing education:

> If we do not use our human resources effectively some other system, less free, may move in and use them for us . . . In the immediate future the person of unfounded opinions and undeveloped talents, with no sound educational foundations, has no future. In brief, if we are to survive we must adapt our educational program, revise our initial requirements, and mold our further training to suit better the young people to be educated, the jobs to be done, and the problems of living in a complicated and frustrating society.

Afternoon

From the luncheon, the nurses hur-

The Lobster Orchestra

ried to join members of their specific interest groups for a workshop session based on the Pilot Project report. For a short time, they concentrated on questions arising out of the report and affecting the various areas of nursing education programs. Directors of nursing, nursing education and nursing service were asked, for example, to consider whether administrative authority for the school of nursing and for nursing service should be vested in one person or divided between two. Since both patterns were represented by the members of the group, it proved difficult to reach a satisfactory answer. The problem of interpreting the needs of both nursing service and nursing education to a lay administrator who may lack understanding of either field, suggested to some the advisability of having one central figure — a nurse — who would also act as assistant administrator. Others, favoring divided authority, felt that both the director of nursing education and the director of nursing service should be able to speak for their respective areas with equal authority.

While supervisors strove to set down briefly the criteria necessary for evaluating nursing service in areas where students receive clinical preparation, nursing consultants, registrars and executive secretaries tried to decide how a school improvement program on a national scale might be fitted into present provincial programs. Public health nurses, staff nurses, head nurses and others, including the student nurses, faced similar questions. Shortly after 4:00 p.m. reports from all the groups were rushed to Miss HAZEL KEELER who had undertaken the task of summarizing them.

Evening Session

After a brief rest and supper, our bus drivers were once more at the door ready to take us back to the high school auditorium where DR. HELEN NAHM delivered one of the major addresses of the convention. This address will be printed as soon as possible in the *Journal*.

WEDNESDAY

Morning Session

The program listed it as "The Patient Returns to the Community"— a case presentation by a health team. Under the capable, often humorous chairmanship of DR. GUSTAVE GINGRAS we were shown the intricacies of the patient-centred approach to rehabilitation. Ably assisted by a team of workers from the Montreal Rehabilitation Centre, including a psychiatrist, a social worker, occupational therapist, and speech therapist, we learned about A.D.L. — the activities of daily living — through which the patient may be assisted to regain a level of independence following a cerebral accident. It was suggested that the audience should try to tie the shoe laces with one hand, or cut up meat! "Nurses do too much for such a patient. They need to pay greater heed to A.D.L."

Mrs. ISOBEL MACLEOD's paper discussing the need for greater cooperation between all the members of the health team will be published in next month's issue.

About to board

Afternoon

A most welcome few hours of freedom in a busy schedule! Over 400 nurses eagerly anticipated a harbor cruise while others set out for Peggy's Cove — one of the province's famous beauty spots and a favorite of artists. Starting point for the cruise was the Lord Nelson Hotel. It seemed a good idea to the members of the *Journal* staff who were among the would-be sailors, to have lunch somewhere in that vicinity and avoid any possibility of missing our buses. It must have been a good idea since so many others

On Board

shared it! However, eventually the parade of blue and white buses, led by a cheerful police escort was on its way to the appropriate navy pier. Our drivers, probably infected by the general carefree atmosphere, made good use of their horns so that doors and windows filled with curious, friendly and interested onlookers. The arrival of several hundred women caused a certain amount of disruption in naval routine as well, judging by the number of personnel who suddenly appeared at the windows of the various buildings or on the decks of vessels moored nearby.

Sea and sunshine

The trip included Bedford Basin which, during war-time had offered shelter to hundreds of vessels waiting to be convoyed across the Atlantic. The picture was very different now — one lonely vessel, belonging to the much-disputed fleet of CNR vessels, rested at anchor. Our ships then took us under the Angus L. MacDonald bridge, past tiny George's Island and on towards McNab's Island and the harbor mouth. With the help of a courteous bus driver substituting as a guide, we picked out the hidden fortifications along the shoreline that protected the harbor during World War II; glimpsed the front of the old fort built into the prominence of George's Island; were introduced to a floating drydock and much interested to note that the ship in for repairs was the *Manchester Spinner* whose captain has on more than one occasion been awarded the gold cane for opening the overseas shipping season in Montreal harbor after winter shutdown.

Lobster — mm!

The two hours went by all too quickly but with an invitation to a lobster supper at Windsor Park as guests of the Army at 6:00 p.m., there was just time enough to tidy up before the buses would be waiting for us once more. The lobster was delicious. For those interested in statistics, the line-up was estimated as being a quarter of a mile in length and at least 1200 lobsters weighing over one pound each were consumed by the hungry guests!

Morning Session

For those who have yet to see the film "Hospital Sepsis" prepared by Johnson and Johnson, may we recommend it as being most worthwhile. It was presented as the first item on the day's program. This was followed by the presentation of the various national committee reports. These reports should always be of interest to every delegate since their activities are related to matters that affect us all. Far too often, the reports do not receive the attention that they deserve. A very special word of commendation for the ingenuity used on this occasion.

As a beginning, this item on the agenda was entitled the "Presidents' Conference" and the reports were presented as a panel discussion with the national committee chairmen as the experts. It was a most effective method, judging by the obvious interest of the audience. SISTER MARY FELICITAS as chairman of the committee on nursing service, reported on the completion of the head nurse manual. This will be available from the CNA in either English or French. She also noted that a pamphlet on job satisfaction, for use by employing agencies, had been prepared and was ready for use. This was the outcome of a survey to determine why nurses leave their positions and what might be done to make them happier.

Miss ETHEL GORDON, chairman of public relations, presented the "CNA Platform" which indicated how the Association intends to work toward its objectives throughout the coming biennium. The platform, which appears on page , encompassed three areas — quality of service to the public, responsibility to members and relationships to outside groups.

Miss E. A. ELECTA MACLENNAN, chairman of legislation and bylaws, commented on a number of questions studied by her group including affiliate membership with the CNA for other national associations; the status and organization of nursing assistants (this particular problem was studied jointly by nursing legislation, nursing service and nursing education); Miss HAZEL KEELER, chairman of nursing education, commented on a study undertaken by her committee in relation to the educational preparation of instructors within our schools of nursing. Miss HELEN CARPENTER, chairman of finance, emphasized the fact that these committees can only function efficiently if the funds are available to permit them to meet. During the last biennium, two committees had not been able to have full meetings because funds were not available. The subsequent acceptance of the proposal to increase the affiliation fee to the national association to $4.00 annually, assured the funds necessary for these meetings as well as other projects.

One item proposed by the Committee on Legislation and Bylaws — the formation of a Student Nurses' Unit — provoked considerable discussion and diversity of feeling from the floor. Although a number of delegates spoke in favor of forming such a national unit, the new bylaw drawn up to provide for this was finally tabled, with the recommendation that a professional member of our National Office staff should be appointed to work with the provincial student nurses' associations and to give careful consideration to student participation within our national association.

Afternoon Session

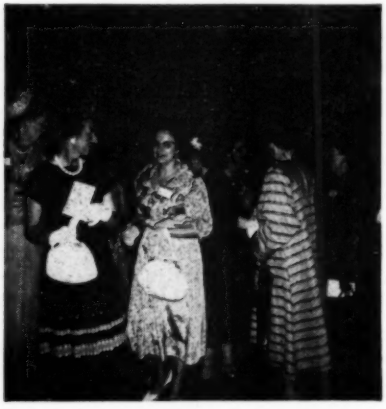
With the present emphasis on hospital insurance programs and the possible impact of such programs on nursing, it was most fitting to have this topic on the convention agenda. The HON. R. A. DONAHOE, Minister of Public Health, Nova Scotia, was the guest speaker. His theme was "The Impact of Hospital Insurance on Patient Care." Mr. Donahoe's address will be published in a future issue.

After a brief intermission a panel of nurses chaired by Miss RAE CHITTICK, director of the School for Graduate Nurses, McGill University, deliberated on the "Implications of Hospital Insurance for Nursing." In her introductory remarks, the chairman reviewed the circumstances leading to the development of hospital insurance schemes — the size of the country, varying economic conditions, uneven distribution of resources. The panel members raised several questions that must eventually be answered. To what extent are hospital commissions preparing staff before adding additional

hospital beds? How honest is it to use funds paid by the public for nursing service as subsidy for nursing education? Where should responsibility for the education of the professional nurse lie? What are the responsibilities of the nurse consultant to the hospital commission? This last question was well answered by Miss GLADYS SHARPE, senior nurse consultant to the Ontario Hospital Services Commission, a member of the panel.

Evening

The President's reception was the social highlight of this very busy day. It was held in the huge auditorium of St. Patrick's High School. The line-up of guests waiting to greet the members of the reception line was a rival in length to that seen waiting to enjoy the lobster supper! Our Nova Scotia hostesses had arranged for a most entertaining exhibition of ballroom dancing by a professional team of dancers and some of their pupils. Everyone had a wonderful time, even though many never did get close enough to shake hands with Miss Girard.



At the Reception

FRIDAY

Morning Session

It seemed hardly possible that the convention was already drawing to a close! This session had an international touch with Miss PEARL MCIVER, chairman of the Committee on Revision of Constitution and Bylaws, ICN, as the expert being interviewed at a "Press Conference." Under the chairmanship of HELEN CARPENTER, the press members attempting to stump the expert were: LUCY D. GERMAIN, executive director of the American Journal of Nursing Company; JEAN WATT, editor of the *News Bulletin*, R.N.A.O.; MARGARET E. KERR, executive director of *The Canadian Nurse*. The result was a most interesting discussion of why nursing legislation is necessary; how the professional nurse should be defined in writing legislation; what legislation provides for; how membership in the ICN is determined; who should administer nursing legislation.

At the following business session there was adequate time for the voting delegates to give full consideration to the various issues that had been discussed during the week. The report of the Pilot Project was presented for formal acceptance. The recommendations were adopted in principle and the Executive Committee was empowered to develop and implement them within the means at the disposal of the Association. This resulted in another of those moments of drama and emotion. From the area occupied by the French-speaking delegates, suddenly came the strains of "Elle a gagné les épaulettes" (She has won her epaulettes), in tribute once more to the director, Miss Mussallem. The English-speaking delegates responded with the old and familiar "For She's a Jolly Good Fellow." Most assuredly these musical outbursts established a precedent in the annals of convention business but they were spontaneous, well-deserved and heartfelt acknowledgements of the pride felt in the accomplishments of one of our members and a deep appreciation of what Miss Mussallem's efforts will mean to nursing in Canada in the years to come.

Miss KATHLEEN RUANE presented the results of the balloting for the incoming officials and members of the Nursing Sisterhoods:

President — Helen M. Carpenter, Toronto

1st Vice-president — E. A. Electa MacLennan, Halifax

2nd Vice-president — Hazel B. Keeler, Saskatoon

3rd Vice-president — Katherine E. MacLaggan, Fredericton

Nursing Sisterhood Representatives:

Maritimes — Sister Mary Irene, Charlottetown

Quebec — Sister Florence Keegan, Montreal

Ontario — Sister Madeleine of Jesus, Ottawa

The West — Sister Hugh Teresina, Lethbridge

Afternoon Session

Following a most impressive ceremony of induction, nine new honorary members were welcomed into the Canadian Nurses' Association. The record of achievement shared by this group merits inclusion in a separate report which will be found overleaf of this issue. Miss EDITH R. DICK's closing address will appear next month. With sincere appreciation for their staunch support during her administration, Miss Girard thanked her colleagues before proceeding to the simple yet moving ceremonies of installation. She felt that the convention had fittingly culminated her watchword "Faith."

Etceteras

There are so many other things that can only be mentioned briefly. This year National Office, with the assistance of their public relations counsel, provided a daily bulletin "The Conventional Nurse" — a most successful and much appreciated venture. Copies melted away from the desk at the entrance to the auditorium. And then there was the exhibitors' area, deluged by nurses whenever an intermission gave the opportunity. Booth attendants were kept busy explaining, demonstrating, taking orders. In the orchestra pit, just below the stage, sat the busy team of translators who provided simultaneous translation for our French-speaking members. Those of us sitting near them marvelled at the speed with which they worked. Periodically, the eye of the television camera or the movie camera was focused upon some particular feature of the program. Close to the front of the auditorium sat members of the press who provided excellent and accurate coverage for the sessions. Nor can we overlook the excitement of the nurses booked for the post-convention European tour; the enthusiasm of the student nurses who, having experienced the stimulation of one convention, were eagerly anticipating the next one; the truly wonderful hospitality shown by every Nova Scotian.

The next two years will pass just as rapidly as the past biennium. Start planning now to be among those present when the special convention train heads for **Vancouver in 1962!**

IN THE GOOD OLD DAYS

(The Canadian Nurse — SEPTEMBER, 1920)

The result of administering pertussis vaccines to children in various stages of the disease is reported. Quite remarkable results obtained by its early administration convinced the experimenter that these vaccines should have extended use and might be valuable in reducing the mortality from whooping cough.

* * *

It is said that the effectiveness of cod liver oil in rickets has been demonstrated. In human beings the calcium deposits in the cartilage are definitely demonstrated at the end of three weeks. Babies fed on a synthetic milk containing 10 per cent of fat in the form of cod liver oil did not develop rickets.

A well-known hospital advertising for graduate registered nurses for "institutional positions" offered a top salary of $72 per month plus maintenance.

* * *

Regulations adopted by an Order-in-Council provided for the registration of nurses in Ontario, following the annual meeting of the Canadian National Association of Trained Nurses. At that same convention, Nova Scotia reported that their Bill for this purpose had been defeated; Quebec reported that its Bill for registration had been accepted earlier in the year. It was also reported that the fee for registration in British Columbia was one dollar!

HONORARY MEMBERSHIPS

AT ITS ANNIVERSARY CONVENTION in 1958, the CNA conferred honorary memberships for the first time on a number of nurses who had made outstanding contributions over the years. This year nine new honorary members were welcomed. The ceremony, which was held on the last afternoon of the convention, was both colorful and moving. Behind the chair of each member of the platform party stood a uniformed nursing student who, as the name of the recipient was called, stepped forward with her and, as a final step in the presentation, pinned a pretty corsage on the shoulder of her dress. The participating students were: Joan Finch, president of the B.C. Student Nurses' Association, Royal Columbian Hospital, New Westminster; Marie Smith, Children's Hospital, Halifax; Lorraine Ann Bruce, St. Rita's Hospital, Sydney; Jean Edney, St. John's, Newfoundland; Monique Rainchaud, Ste. Justine's Hospital, Montreal; Fernande Larochelle, St. Luke's Hospital, Montreal; Kathleen Knox, Toronto General Hospital; Linda Cribbin, Toronto Western Hospital. Honorary memberships this year were conferred both upon representatives from the profession and from the lay public.

1. ETHEL MILDRED CRYDERMAN, CNA president 1948-50, has been an outstanding member of the profession both through her work with the Victorian Order of Nurses and her activities on behalf of the Association.

ETHEL CRYDERMAN

MOTHER VIRGINIE ALLAIRE

2. MOTHER MARIE VIRGINIE ALLAIRE, founder of Marguerite d'Youville Institute, Montreal, in 1934, has served as superior in several provinces and has been very active in both nursing and hospital associations.

(Annette & Basil Zarov)

MRS. CECIL MCDOUGALL

3. Mrs. J. Cecil McDougall who, inheriting an interest in hospitals from her grandfather, a former president of the board of governors of the Montreal General Hospital, went on to found the Association of Hospital Auxiliaries for the province of Quebec. She is president of the National Council of Hospital Auxiliaries of Canada, Incorporated and founder of the International Alliance of Hospital Auxiliaries, Incorporated.

(Ashley & Crippen)

Madame Justine de C. Beaubien

4. Madame Justine de Gaspé Beaubien, the founder of St. Justine's Hospital for Children, Montreal, and the president of its board of governors, has had an interest in the care of the sick that has extended over many years. The recipient of many honors, lay and religious, she is an honorary Fellow of the American College of Hospital Administrators, a member of the Conseil des Hôpitaux de Montréal, and an honorary member of the American Hospital Association.

Elizabeth Russell

5. Elizabeth A. Russell, has given outstanding service in the field of public health nursing in Manitoba. In recognition of distinctive accomplishments in this field, she was made a Fellow, American Public Health Association and an honorary member of the Canadian Public Health Association.

Isabel M. Stewart

6. Isabel Maitland Stewart, a Canadian graduate who has won international fame through her work as an author and as a director of the Department of Nursing Education, Teachers College, Columbia University. Dr. Stewart's intellectual stature, her devotion to the cause of healing, and her wisdom as a counsellor and friend have showered recognition upon her over the years.

7. Anna Mair took an active part in developing the Association of Nurses of Prince Edward Island and served as president in 1927 and 1934. She held the post of honorary executive secretary of

ANNA MAIR

the association during many of the years while she was superintendent of the P.E.I. Hospital.

8. MARION F. HALIBURTON, a past president of the Canadian Nursing Sisters' Association and a veteran of World War I, has given distinguished service in the field of public health nursing in Toronto and in Halifax.

9. MARGARET MACKENZIE, a past president of the Registered Nurses' Association of Nova Scotia and an honorary member of Canadian Public Health Association, has given outstanding service during the 30 years she was superintendent of nursing with the Nova Scotia Department of Health.

PLATFORM
of the
Canadian Nurses' Association

THE CANADIAN NURSES' ASSOCIATION is a federation of the ten provincial nurses' associations. Its primary function is to foster high standards of nursing practice to the end that all people may have better nursing care. The objectives of the Association are:

To maintain and improve standards of nursing education and service

To encourage its members to be well informed and to participate in community affairs

To promote the welfare of the nurses of Canada and to maintain unity among them

To encourage an attitude of mutual understanding with the nurses of other countries.

In working towards these objectives in this next biennium, the Association will:

1. Continue its efforts to increase the supply of competent nursing personnel and to advance effective utilization of professional nursing skills.

2. Continue to support legislation which provides for licensure of all who nurse for hire.

3. Follow the Pilot Project by advancing continuous improvement of educational programs in schools of nursing through study and evaluation.

4. Promote and encourage research in nursing.

5. Encourage, in every possible way, satisfactory working conditions and personnel policies for nurses.

6. Continue the promotion of the CNA Retirement Plan which enables nurses individually or in groups to plan effectively for the future.

7. Seize and create opportunities to interpret nursing to responsible bodies in Canada.

8. Work with allied groups and the public to meet the health needs of the Canadian people.

9. Cooperate with appropriate public and private agencies in planning for and providing health service in time of emergency.

10. Support and promote the program of the International Council of Nurses, including the international exchange of nurses, individually and through study tours.

Our President

As the last official function of her administration, it is customary for the retiring president to present the gavel, symbolic of the authority of the president, to her successor. Following this precedent, on June 24, 1960 Helen M. Carpenter assumed the highest office that Canadian nursing can bestow upon one of its members — the presidency of the Canadian Nurses' Association.

Years ago in Vancouver, a slight little girl of seven sat entranced as she watched a favorite aunt ascend the steps to receive her pin and diploma as a graduate nurse. From that moment, Helen's unwavering desire was to follow in her aunt's footsteps. Despite parental objection that she was not strong enough to endure the rigors of a student nurse's life, the dream held true and she entered the combination course in nursing offered by the University of Toronto School of Nursing and Toronto General Hospital. Following graduation, Miss Carpenter accepted a position as a staff nurse in an outpost hospital operated by the Ontario Red Cross Society. The next year she joined the staff of the Victorian Order of Nurses in Hamilton, later becoming a supervisor, then assistant director in the Toronto branch.

The award of a bursary by the T.G.H. Alumnae Association enabled Miss Carpenter to complete the requirements for her Bachelor of Science at Teachers College, Columbia University. Two years later, a Rockefeller Foundation Fellowship opened the way for further study at Johns Hopkins University. Graduated with her Master of Public Health, she returned to Toronto to assume dual responsibilities as director of nursing sservice in the East York Department of Health demonstration and lecturer in public health nursing at the University. For the past year she has been on sabbatical leave from her post as assistant professor, having been awarded the first Canadian Red Cross fellowship for advanced graduate study in nursing. When her demanding course of study at Teachers College is completed she will add Doctor of Education to her impressive list of qualifications.

The nurses of Canada know Miss Carpenter as the competent teacher who has chaired busy committees during her years as second, then first vice-president. Many also know her as a thoughtful friend for she has a great personal warmth for people. The friendships cover an expanse of years from her teen-age experience in C.G.I.T. camps in British Columbia clear across the continent to the present. It is fun to be in her company. She does not belittle the individual who is struggling toward a difficult goal. Rather, her response is like that of the Quaker "I have a concern about thee."

Photography, particularly close-ups of flowers and flower arrangements, has long been Miss Carpenter's favorite pastime. Before the days of color transparencies she had her own equipment for developing and printing her pictures. Gardening gives her deep personal enjoyment as well. A serious, prolific reader with an exceedingly retentive memory, studying is a joy.

The twenty-first president of the C.N.A., the ninth from the province of Ontario, Helen Carpenter will ably fill the shoes of her predecessors. As the implementation of the forward-looking, convention-approved program for better nursing education proceeds, we know the leadership is in capable hands.

(Ballard & Jarrett)

HELEN M. CARPENTER

The Status of Professional Women

PHILIPPE GARIQUE, B.Sc., PH.D.

This address was given as part of the program in conjunction with the 25th anniversary of the founding of Marguerite d'Youville Institute, Montreal.

TWO IMPORTANT CHANGES have occurred in the social standing of women since the beginning of the 20th century. The first, about which much has already been written, was the admission of women to professions formerly closed to them. One of the main characteristics of this change was the fact that the woman who wished to enter a profession more often than not had to remain a spinster.

The second change is of much more recent date, having come into prominence since World War II. It has been the rapid increase in the numbers of women who marry and carry out their duties as wives and mothers along with their professional activities. This represents more than just a change. It is the equivalent of what might be called social mutation. Until recent times the majority of married women did not leave their homes for outside occupations. Women who wanted a career comparable to that of men from the professional point of view, had to adjust to the demands of their chosen career by remaining single. It seemed that, since they had entered into direct competition with men for the authority and prestige of professional life, they had to accept the criteria of the male regarding professional behavior and use him as their model.

In spite of this, women who entered professions began to indicate their desire to combine marriage and motherhood with their careers. It was said by some that if such a tendency progressed, the end result would be a reversal of the traditional role of women. The danger foreseen was that the familiar balance between feminine and masculine behavior would be destroyed, and succeeding generations would suffer from tension and insecurity, unable to determine in whom responsibility for the family and for society should be vested.

This aspect requires further clarification. Consideration of the social position of women in general will provide a basis for conclusions concerning her professional activities.

Historical Significance

Contrary to the opinion of a great many people, it is not easy to define just what masculine and feminine behavior should be as related to the family and to society. Society, in general, differentiates between the male and the female but the specific society defines the respective roles slightly differently depending upon the view taken of the respective responsibilities of the male and female. History records the status of women as ranging from the highest possible level in some societies to almost total subjugation to the male in others. There is considerable variation in the status of women depending upon the social class to which they belong in individual societies. Throughout the history of humanity, class standing has been at least as important as sex in determining social position. Women in a dominant group have always enjoyed privileges that the men of an inferior group were denied. As an example, we have Plato's conversation with Socrates justifying his assignment of political duties to the guardians *and their wives* in his ideal state. Plato maintained that where differences between the man and the woman were of a biological nature only, with both sexes showing equal ability to carry out a task, then the duties should be assigned without discrimination as to sex.

This was the ideal situation in which men and women were accorded equal political status. But we should also remember that Plato's ideal state included both male and female slaves who were denied the privileges of free

Dr. Garique is Dean of the faculty of social sciences, University of Montreal.

citizens. Here we see a universal sociological phenomenon. When society separates into classes, the women of the upper social strata almost invariably have a higher social standing than the men in a lower class. In South Africa, for example, the white woman is, in all respects, considered socially superior to the black man. Still more recently, we have examples of a similar situation in the southern United States.

There is yet another way to look at the social standing of women. Aristotle used it, when in attempting to define the nature of women, he justified slavery and the political inaptitude of women on the grounds that women and slaves did not possess the full complement of intellectual ability seen in the free man. Aristotle's downgrading of the political standing of women on the basis of physical and intellectual incapacity has been accepted by a good many writers as justification for the differences between the sexes.

If it is true that variations in the status of women depend in part upon the class to which they belong and, at the same time, according to Aristotle, they are inferior intellectually and physically to the male, then they must always be in an inferior role to the male. This view has no scientific value however. Women can not be inferior to the men at each social level and still be considered superior to the men in lower classes if they themselves are members of the upper classes. Aristotle's argument is refuted. No philosopher so far has dared to impute intellectual weakness to women whose roles might be that of empress or queen. In this instance it would seem that Plato was wiser than Aristotle.

To understand the social standing of the professional woman, we should look at the activities set aside for the male and the female. This is not easy to do. There is a whole range of more or less mythical justifications and more or less arbitrary attitudes concerning these activities. Unwillingness to admit women to a profession or the belief that the married woman cannot follow a professional career are expressions of unjustifiable and prejudiced opinions. I do not mean to imply that women have been proven the equal of men in all respects. Biological characteristics undeniably determine the activities of each to a certain extent. We must determine in what ways the biological life of the woman varies from the male and estimate the possibilities for specific professional activity in each. The fundamental principle here is distribution of labor.

Distribution of Activities

In as much as every society makes use of its own specific definition of roles in establishing a division of labor, it follows naturally that if the women are looked upon as being intellectually and physically inferior to the men, they will be excluded from certain activities. It is a sociological fact that, under such circumstances, the social position of the women will be lower. In a society where division of labor is based upon other criteria and it is accepted that women have the intelligence and ability to carry out specific activities, then their social position is comparably higher. There is always a relationship between a society's definition of women's role, the division of labor, and social and professional standing.

The problem for professional women lies primarily in the prevailing attitude towards women in general. It is very interesting to observe how the conception of the woman's role can change. In Canada we can trace the change in attitude towards the working woman that has occurred from the time of the economic crisis in the '30's to the demand for their services during World War II. It is justifiable to say that the inferiority of professional status for women in some fields is related to current views about her nature as a woman. In instances where the differences between physiological characteristics and intellectual capacity have been clarified and where attitudes towards women in general have changed, the combination of professional duties with familial ones has been accepted as normal. It is only when men and women are placed on an equal footing that such change becomes possible.

The idea of the spiritual equality of man and woman has been one of the strongest forces in the emancipation of women. In Europe, Pope Innocent

IV recognized the electoral rights of men and women 14 years of age and over and gave to women one of the earliest forms of political equality. We might remember too, the abbesses in monastic institutions who were given authority over men.

In the field of law, the church of the Middle Ages did not distinguish between the standing of men and women in terms of which was paramount. Nor did feudal law. During the Middle Ages women reached a status professionally that was not regained until many years later. As an example of this, Anjou customs decreed that the married woman had the right to go to law herself concerning affairs relative to her business. The civil code of some countries today does not provide for this degree of equality between men and women. It is under circumstances where professions have attained a high level of development that women have been effectively recognized as the intellectual equals of men.

It is within the professions that science and the humanities have found a common meeting-ground. Science is distinguished by reasoning and humanism by its breadth of view. The principle characteristic of professional organization is that professional standing is dependent upon competence. When an individual has achieved the proficiency judged desirable by others in his profession and accepts the criteria of that profession, he becomes an authority himself. Attainment of competence has more to do with an individual's intelligence than his sex.

The question of the professional status of women is not a new one. It is inherent in the development of professions within a society. However, such standing can only truly be secured when society recognizes intellectual equality between men and women in relation to certain activities. The monastic abbesses, the trades women, queens, empresses, even the leaders of armies such as Joan of Arc are not isolated historical oddities. They were the first professional women. Today, we are rediscovering what peoples of other eras accepted unquestioningly.

No Superior-Inferior Relationship

One of our modern discoveries that is really basic to the social standing of professional women is that even if differences exist between the two sexes it does not place them in a superior-inferior relationship as far as professional ability is concerned. The fact that there are more men than women of science does not mean a difference in levels of intelligence. According to latest research findings, school performance and psychological tests for women are comparable in results to those of the men. Although some variations exist in verbal ability, in knowledge of certain subjects, in manual ability, dexterity and coordination, all studies confirm that there is the same level of intelligence in both men and women. When we speak of differences in ability or in professional knowledge, it is more correct to specify between one man and one woman.

Certain authorities have emphasized that the existence of differences in professional standing between men and women can be explained not by recourse to the biological nature of woman but by the presence of certain social and cultural factors and a more or less unconscious antagonism. Many of the anti-feminist attitudes found in a number of men and women have centred around the rise of women in the professions. Undoubtedly there are certain professions that do place restrictions on recruitment of women into their ranks. The governing bodies of some professions have the right to stipulate conditions of age, sex and ability of applicants. In accordance with such regulations, a woman might be denied admission for the most ridiculous of reasons based on "her delicate nature" or similar incapacity. But these same administrators would not find the duties of a nurse, social worker or housewife too tiring or too demanding for a woman! While it is difficult to determine exactly the biological limitations and cultural attributes in men and women, nevertheless society has developed a whole range of myths pertaining to what women are capable of doing. The fact that an individual is a female is no deterrent to the development of professional ability.

Sources of Conflict

Happily, when faced with the facts, even the most anti-feministic of employers gradually loses his prejudices.

This change of attitude can be observed most clearly in those fields where women are now generally accepted. As an example, to the outsider, the women in medicine have almost the same opportunities for success as their masculine colleagues. Parents willingly entrust their children to a lady pediatrician or themselves to a lady anesthetist. The difficulties arise from within the profession itself. The conflict is frequently evidenced through the relationships between the sexes. Conflicts in the medical profession would seem to be partly due to its organization — in fact, the type of structure appears to increase the possibilities of strife. There may be conflicts over the size and composition of clientèle; position within the medical hierarchy of the hospital; reputation as a consultant. Since the objectives are the same for the male and the female members of the profession, any obvious differentiating factors will become a basis for conflict. This is where we encounter one of the most stubborn of all prejudices — that the professional woman should remain unmarried.

Motherhood vs. a Career

According to the most frequently used argument, the presence of the mother is absolutely essential to the healthy development of her child and the career woman cannot devote as much time as she should to the duties of motherhood. Unquestionably, motherhood is an art of great importance; but the maternal role means much more than procreation. Sociological and psychological research has indicated that children growing up without their mothers may be sickly, less intelligent and die sooner in spite of the very best and latest in child care. While investigation has proven that the mother is a primary force in shaping the child's early development, emotionally, intellectually and physically, it should also be remembered that attainment of a well-balanced personality in adult life requires much more than just the mother's *presence*. Such development is also dependent upon intellectual and social stimulation. Those who would relegate women to the main role of procreator of children, devaluate the development of these same children. The change from child to adult calls for parents who are capable of helping their children adjust to adult social life. The mother must help her children to accept gradually the responsibilities of adult life. She can do this only if she herself understands what they are through active participation in social activities.

The true mother knows how to combine her responsibilities as wife, mother and career woman most effectively. These roles correspond in importance to those of the male as husband, father and breadwinner. The growing number of married women with careers is an indication of the success that has been achieved in combining roles. In Belgium, for example, 85 per cent of the women in medical practice, 73 per cent of those in law and 60 per cent of those in the teaching profession are married. Some difficulties still exist, it is true, but the time is past when to engage in professional practice means that the woman has to forego marriage and motherhood.

Social Status

As an illustration of the social status of professional women, let us look briefly at the situation in the province of Quebec. Contrary to general opinion, the participation of women in professional activities is not a new phenomenon. However, recently, their position has shown some changes. Under the influence of urbanization and industrialization, new fields have opened up for the French-Canadian woman and every year sees an improvement in her social standing. But Quebec still has a major obstacle in the way of future development in this respect. The civil code of the province does not take into account the sociological fact that women *do* participate in public life. According to the code, the status of the married woman is equivalent to legal servitude. Since the beginning of the 20th century there have been a number of amendments that have sought to correct this but legal authorities admit that these reforms have been only partial in nature, half-hearted in spirit and much belated. Those who devised the code originally believed that it was in the interest of

the family to leave ultimate authority and control of property in the hands of the husband. Apparently Aristotle's views rather than Plato's were followed in this instance.

It is ironic that a civil code representing the thinking of 19th century jurists should be enforced in a country where, since the founding of New France, women have taken such an important role in social development. Henri Bourassa, who was anything but a supporter of feminist movements, has complimented the work done by French-Canadian women over the years. It would require many volumes and much time to record the part played by the women of Quebec in developing educational programs, combatting illness, helping the unfortunate and contributing generally to the establishment of a proud society.

It is interesting to observe that the French-Canadian family never reached the degree of patriarchal authority that the authors of the civil code intended. Those who have made studies of the French-Canadian family are in agreement that the wife in this society has always had much more authority than her European counterpart. Not only is the emotional life of the family centred around her but many family activities are dependent upon her as well. If the man is the breadwinner in most cases, the woman is the administrator. Religious observances, education of the children and recreational pursuits are in her hands. In the French-Canadian family, urban or rural, while the father retains legal authority, decisive action is seldom taken without consulting the mother. She is always the intermediary between father and children, and on matters of a minor character, she will often make a decision independently. She has the authority, too, to punish the children and rarely delegates it to her husband.

Some Statistics

The civil code also failed to make any allowance for the activities of women in the daily life of the province. The French-Canadian woman has always worked outside her home and has been or is frequently a property owner. The number of women in the labor force of Quebec almost doubled in the years 1901-51 and their participation in public life has become most impressive. In 1951 there were 343,310 women, 14 years of age and over employed outside their homes — 24 per cent of the total labor force. Of this number, 16,000 were office workers; 77,000 were in industry; 37,000 were employed in hotels and restaurants; while the professions of teaching and nursing claimed 26,000 and 10,000 respectively. We should note, too, the increasing number of women entering profeessions that were formerly closed to them. Again in 1951, there were in Quebec 401 female accountants; 1278 female laboratory workers; almost 200 doctors, 30 lawyers and 13 engineers. These figures are steadily increasing.

The rising salary scale is yet another indicator of the part that women are taking in public life. In 1941 there were approximately 600 women in this province who earned over $2000 annually. In 1951, this figure had increased to more than 30,000. Although exact figures are unavailable, it is believed that there are presently about 80,000 women earning $2000 and over annually.

The growing importance of women in the field of education has been almost revolutionary. Within 20 years, 1935-55, the number of girls attending primary and secondary schools doubled. The number of students in the provincial normal schools increased from 2,517 in 1940 to 6,253 in 1955. Universities report a similar situation. There were 618 women enrolled at the University of Montreal in 1945. Ten years later there were 2,108 — more than four times as many. We find women in all fields — law, medicine, physical science, letters, social science. Some professions, such as the field of education and certain paramedical services, now have women in a majority.

Drawing Conclusions

What conclusions can we draw from these facts? Are the pessimists correct and will the professional woman because of her social and intellectual achievements, become hard, cold, lacking in charm or "sex appeal" to use popular phraseology. Will she neglect or lose the art of motherhood? Will she spend her life in a psychiatrist's

office, the victim of a whole series of complexes? Is her participation in public life only an outward expression of her boredom?

There is no need to waste time on the obvious superficialities of such remarks. At the most, they would indicate ignorance of sociological truths as related to the professional status of women. The very fact that each year shows an increase in the number of professional married women is direct refutation of some of the pessimists' views. A certain proportion of married women with careers may encounter problems but, in spite of this, the contribution of women socially, politically, economically, culturally, becomes ever greater and, generally speaking, both society and family life benefit. Instead of indulging in pessimism, we must look for solutions to existing problems.

In conclusion, may I suggest that the dilemma of the working woman versus the woman in the home is a false one. There is no need to attempt to determine whether or not women should take part in public life or devote themselves exclusively to their homes. We are already aware of the benefits to be had from their active participation. Our task now is to review the social and legal status of women so that they can carry out their functions without hindrance. Social legislation in a number of countries is being directed towards this end. An excerpt from the Report of the Royal Commission in Great Britain on the problems of population reveals this trend:

> It would be to the disadvantage of everyone, women, family and community, to limit the contribution of women to the cultural and economic life of the nation. If it is true that a conflict still exists between the roles of mother and career woman, this is due rather to the prejudice of those who reduce the role of the woman to procreator with a social standing inferior to those in professional occupations. It is recommended that all legal restriction on the participation of married women in duties of public interest such as civil service or education, be rescinded and it is further recommended that necessary legislation be authorized to permit married women to combine their homemaking roles with their professional duties.

While it is true that a mother must devote her attention to her children for a certain length of time, this does not bar her from taking part in professional activities or from returning to her profession when her children are older. In fact, the absence of women from professional life when they are childless or are no longer needed exclusively in the home, constitutes a burden on society. Remembering that the average life span for women is about 80 years and that most children are born before the mother reaches her 40th birthday, there is a period of at least 30 years during which many women contribute nothing to society. Therefore, any reluctance to change the status of women imposes a burden upon the public rather than contributing to the general welfare.

There must, first of all, be a change in the general attitude towards the duties of women. Up to the present, most men and women have believed that the main responsibility for social functioning was the lot of the male. It is hard to understand why men rather than women must be held accountable for war, social conflict, economic crisis. The least that we can say is that both are equally responsible.

Often, women themselves are to blame for their position in the social structure. They frequently behave in a way that puts them in a position of social dependence in the eyes of others. Here, perhaps, is a basic obstacle to full feminine participation in public life. Professional activity is a responsibility of adulthood. The attitude of women towards acceptance of social responsibilities related to economic and political life and other aspects of social life, and in proportion to those accepted by men, can account for some of their difficulty in achieving the desired status.

The future of their status is essentially in the hands of the women themselves. According to recent studies, professional competence is a main factor with women as with men in making a good adjustment to a chosen career. To obtain this competence, considerable experience in the field is a necessity, plus continuous research

and a sincere desire to advance the interests of the particular discipline. This alone will assure the future of the professional status of women.

A recent report from UNESCO also emphasizes the fact that differences based on sex alone should not be given any more prominence than those arising from, for example, difficulties in communication; that there is no such thing as an inferior sex but only a sex that has been persuaded to believe that it is in order to justify it's subordinate social position.

The Nightingale School of Nursing, Toronto

BLANCHE DUNCANSON, B.Sc.N.

A description of a projected venture in nursing education.

Two Year Program Implemented

WHEN THE Nightingale School of Nursing opens its doors this month to the first class of students, it will perpetuate the conclusion presented by the evaluation of the Metropolitan Demonstration School of Nursing, namely, when the school controls the student's time and experience for educational purposes, it is possible to prepare a nurse as adequately in a lesser period of time than the three years' initial preparation which have been required traditionally. Related to this concept are the necessary concomitants of assured financial support, adequate facilities, well prepared staff, and a governing body whose efforts and interests are directed to the administration of the school.

The school's historical genesis, while comparatively recent in origin, has been subject to a variety of influences. The demonstration project of the Canadian Nurses' Association at the Metropolitan School of Nursing in Windsor has had many and far-reaching effects upon individuals who have been responsible in any way for the conduct of schools of nursing. Therefore, it was not surprising when in 1957, the Registered Nurses' Association of Ontario was requested by the Provincial Department of Health to study and suggest a suitable pattern for basic nursing education, it formulated and approved the following recommendations:

1. That the basic professional education for nursing be a two-year program with qualifies the graduate for a diploma and registration and which meets the following criteria:
   a) A school of nursing has its own governing body
   b) A school of nursing has an advisory committee
   c) A school of nursing operates on a separate budget which is based on a definite pattern
   d) A school of nursing has a well prepared teaching staff sufficient in members to provide a sound educational program
   e) A school of nursing has control of the students' time and educational experience both in the classroom and the clinical field
   f) A school of nursing has the essential physical facilities
   g) A school of nursing demonstrates clearly defined objectives.
2. That the educational requirement of admission to the two-year program be the Secondary School Honor Graduation Diploma or its equivalent.
3. That diploma programs be set up under the following authorities: Universities, colleges affiliated with univer-

The Director of the School, Mrs. Duncanson, is a graduate of Victoria Hospital, London, and the University of Western Ontario. Her qualification for the administrative post includes teaching experience and the direction of the nursing education program at the Toronto Western Hospital.

sities, junior colleges, hospitals, and independent regional schools.

4. That public financial support be sought to implement and maintain the two-year program of basic professional education for nursing.

When, in 1959, the operational costs of hospital schools of nursing became a budgetary item to be met in the established per diem rate paid to the hospital by the Ontario Hospital Services Commission, it appeared as if the establishment of a school according to the foregoing criteria might be impossible. However, the authorities of the New Mount Sinai Hospital approached the Commission requesting exploration of financial support for a school that would not be owned and operated by the hospital, but rather would be a new entity in the community and which embraced those criteria. In its submission, the hospital board indicated it would donate property on which an independent regional school could be constructed provided their recommendations were implemented. The hospital also would place all its facilities at the disposal of the school.

Subsequent discussions ensued between the authorities of the Commission, Department of Health Nursing Branch, the Registered Nurses' Association of Ontario and the Provincial and Federal governments to assure the registration status of graduates from such a program and financial support not only for the operational costs but for the construction of the school as well. In addition, a method had to be evolved whereby money could be channelled as the school would not be owned and operated by a hospital. Underlying Premier Frost's announcement that such a school would be established in 1960 were the principles that the school would have autonomy of administration and that it would be supported by public funds.

The name of the school is significant as it commemorates the founding in 1860 of a school by Florence Nightingale. At that time a foundation had been set up in her honor and with this money a school was established in conjunction with St. Thomas's Hospital, London, England. This original school exemplified criteria for a sound nursing education program which are now being reapplied in the Nightingale School of Nursing.

The establishment of policies, standards and operational procedures as well as planning the construction of a new school building have absorbed the attention of the School's Board of Trustees, its Advisory Committee and director. The members of the Board of Trustees, whose chairman is Mr. A. J. Swanson, have been appointed by the Ontario Hospital Services Commission. Representing the Commission on the Board are Mr. Swanson and Msgr. J. G. Fullerton. Other members are Mr. Gurston Allen and Mr. O. B. Rogers from the Board of Governors of New Mount Sinai Hospital and Dr. C. C. Goldring, former director of education for the city of Toronto. There is provision for further representation on the Board by members who represent the community at large and who would have a particular contribution to make to the affairs of the school. The Board is responsible for approving the aims, policies and standards; securing finances and approving the budget; securing the interest and support of the public for the school and selecting the director.

The Advisory Committee has as its chairman, Miss Gladys J. Sharpe, senior nursing consultant with the Commission. Other members appointed to date by the Board include Miss Nettie D. Fidler, director of the School of Nursing, University of Toronto, Miss Dorothy Riddell, senior inspector, Nursing Branch Department of Health, Miss Ella M. Howard, director of nursing, New Mount Sinai Hospital, Dr. K. J. R. Wightman, professor of medicine, University of Toronto, Mr. Sidney Liswood, administrator, New Mount Sinai Hospital and Mrs. Blanche Duncanson, the School's director. The committee is advisory to both the Board and the staff of the School.

The purpose of the school is to offer a two-year program in basic nursing education, which will prepare its graduates for:

1. Registration as nurses in the province of Ontario;

2. beginning positions in nursing in the hospital or in the home;

3. admission, if desired, to post-basic

courses in nursing conducted by universities.

To achieve this purpose, the Board has appointed eight staff members, who, by virtue of their qualifications, should assure quality and variety in the instruction provided for the students. Four universities and six hospital schools of nursing have contributed to the preparation of the members whose appointments are herewith announced:

Miss JEAN BATES, a graduate of the School of Nursing, Wellesley Hospital and the University of Toronto, has had considerable experience in the field of psychiatric nursing. Miss JOSEPHINE FLAHERTY, following graduation from the basic degree program in nursing at the University of Toronto engaged in outpost nursing with the Red Cross Society. Community or public health nursing, too has been the activity in which Miss FRANCES JOLLIFFE engaged following her graduation from the Hamilton General Hospital and the University of Toronto.

Instructing in maternal and child health nursing has been the predominant experience undertaken by Miss JOAN MACDONALD, a graduate of the Toronto Western Hospital School of Nursing. McGill University was chosen by Miss Macdonald for post-basic study. Miss DZIDRA VOLTNERS had her basic preparation at the School of Nursing, Misericordia Hospital in Winnipeg. Following graduation from McMaster University Miss Voltners has taught the science courses fundamental to nursing. Instructing in the Certified Nursing Assistant's Course has been Miss NANCY WARTMAN'S activity since she completed the basic degree course at the University of Toronto.

Experience in teaching in a two-year program should be a rewarding experience for Miss HEIDI YAMASHITA, since she graduated from the program at the Metropolitan School of Nursing during the period when the Canadian Nurses' Association's demonstration was being carried out to prove that a nurse could be prepared as effectively in a shorter period of time, provided the school controlled the students' time and experiences for educational purposes. Since graduation from the University of Toronto, Miss Yamashita has been engaged in teaching. Most recently she has been assisting the Registrar of the Registered Nurses' Association of Ontario.

Frequently requested information about the school relates to the content and organization of the curriculum. Inherent in the philosophy of the school is the belief that the development of the curriculum is the staff's responsability. Therefore, this will not be detailed until the staff commence their duties in July, 1960. However, it is anticipated that the dominant emphasis in the curriculum will be on the concept of health and its preservation, as well as on the restoration and rehabilitation of the individual to an optimum state of health following illness. Teaching will stress principles in providing care of physical and emotional illnesses during the various stages of growth, development and dependency of the individual.

Outcomes which the school should achieve are improved utilization of well prepared instructors and subsequent satisfactions for this group, particularly when the primacy of education as the school's function is assured. In addition, as the students' needs are met more adequately, improved quality in nursing practice should result. It is believed, too, that the number of students recruited will increase. Thus, by improving the quality of the nurse's preparation, the ultimate beneficiary will be the individual who requires the services of the nurse.

Blessed is the man who, having nothing to say, abstain from giving us wordy evidence of the fact. — GEORGE ELIOT

* * *

Some people believe that education should always produce people properly adjusted to community life. I disagree. I think that education is intended to produce intelligent, morally strong and self-sufficient individual human beings, willing and capable of controlling and improving the machinery of living which man has created for his comfort and enjoyment.

— PHILIP, DUKE OF EDINBURGH

on the run?

your tray needs N.C.F. Tabsules

BRAND

to see you through...

"N.C.F." provides selected vitamin-mineral nutrients, in economical yet adequate amounts, for convenient and effective dietary supplementation.

Each daily dose of 2 "N.C.F." tabsules contains:

Ferrous sulphate BP	150 mg. (2½ gr.)
Copper sulphate	5 mg.
Magnesium stearate	12 mg.
Manganese carbonate	0.6 mg.
Vitamin A	2000 Int. Units
Vitamin D	2000 Int. Units
Bone flour	260 mg. (4 gr.)
Vitamin B_1	2 mg.
Vitamin B_2 (riboflavin)	2 mg.
Brewer's yeast concentrate	100 mg.
Niacinamide	10 mg.
Vitamin C (ascorbic acid)	50 mg.
Potassium iodide	0.4 mg.

DOSAGE: One or two tabsules daily.

Bottles of 50, 100, and 250 tabsules

Charles E. Frosst & Co.
MONTREAL CANADA

Psychology and Gerontology

SISTER JOSEPH OVIDE, f.s.c.p., M.A.

The multiplicity of psychosocial-medical disciplines and of the principles embodied in them that are applicable to geriatric nursing, in and out of hospital, is worthy of serious consideration.

Introduction

MODERN improvements in medicine, in surgery for the aged and in public health services have resulted in a considerable increase in lifespan. Statistics prove that the average life expectancy that was 48 years in 1900, passed the 65-year mark within half a century. As a result the average for our population has doubled from the figure of the Middle Ages.

Aim of Gerontology

Gerontology is the study of the process of aging — the causes, the consequences, preventive and curative measures. The latter combine physical, mental, social and economic aspects. The science of gerontology goes beyond the boundaries of medicine and biology and develops along psychosocial lines.

The general aim of gerontology is to help the aged to develop to the ultimate, their physical, social and spiritual potentialities in spite of the nature of any infirmities.

Related Problems

Modern society has been centered upon the adult and his functions although in recent years increasing thought has been given to the problems of childhood which has resulted in the development of pediatrics and child welfare services. Society's efforts must now be directed towards gerontology and the numerous problems of the aged.

In biological and sociological terms what is an aged person?

What are the respective roles of illness and of the normal process of growing old?

What are the potential abilities and qualities of the aged?

What are the psychosomatic consequences of retirement?

An attempt has been made in the field of medicine to define the biochemical changes that occur in the brain in association with the aging process; the varied effects of medication upon the elderly; neurological changes; the possible effect of a decreased rate of metabolism upon cerebral circulation and oxygenation.

Psychiatry and psychosociology have laid increasing stress upon behavioral changes and the emotional reactions in the aged. Recent experimental studies have been devoted to psychic changes and the phenomenon of stiffness in relation to the aging process. Industry, as its contribution, has studied the older worker in relation to his potential for productive work and the economic results of retirement.

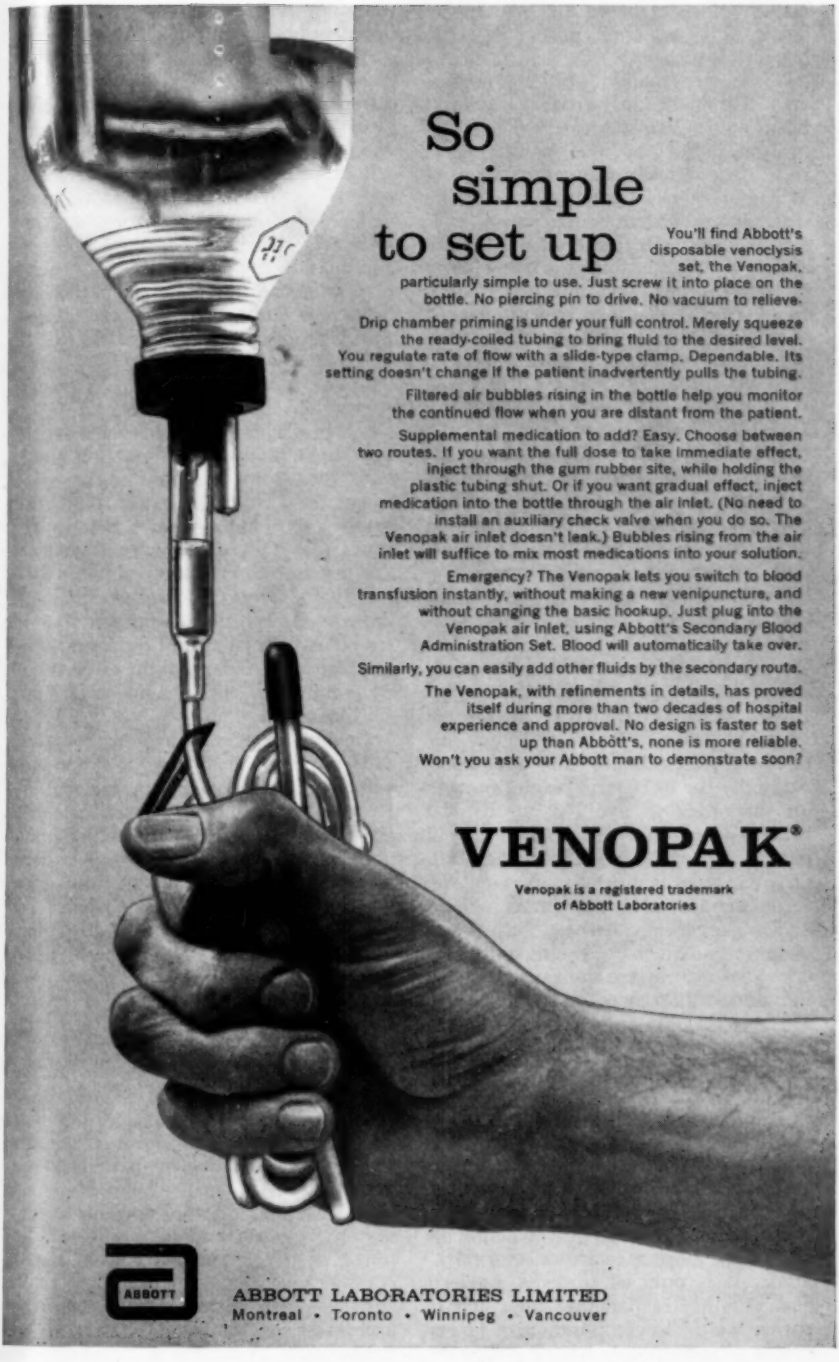
Physical Changes

The nurse must be aware of the physical and emotional changes associated with aging in order to give total care to her elderly patients. Aging is a process of degeneration of body organs. Body and mind alike lose their flexibility. Increasing rigidity means lessening stamina in the old person so that even a slight degree of tension can produce serious results psychosomatically.

Studies have shown that the same medication can produce a broad range of individual reactions in the aged.[3]

Recent research has demonstrated some of the various changes in body structure or function associated with the process of growing old. Himwich and associates[3] studied biochemical changes in the brain of the elderly and associated behavior. Kety[3], using a nitrous oxide technique, looked for the relationship between age, circulation of the blood and oxygenation of the brain. His conclusions were that between infancy and adolescence,

Sister Joseph Ovide is director of the school of nursing, Verdun General Hospital, Montreal.



So simple to set up

You'll find Abbott's disposable venoclysis set, the Venopak, particularly simple to use. Just screw it into place on the bottle. No piercing pin to drive. No vacuum to relieve.

Drip chamber priming is under your full control. Merely squeeze the ready-coiled tubing to bring fluid to the desired level. You regulate rate of flow with a slide-type clamp. Dependable. Its setting doesn't change if the patient inadvertently pulls the tubing.

Filtered air bubbles rising in the bottle help you monitor the continued flow when you are distant from the patient.

Supplemental medication to add? Easy. Choose between two routes. If you want the full dose to take immediate effect, inject through the gum rubber site, while holding the plastic tubing shut. Or if you want gradual effect, inject medication into the bottle through the air inlet. (No need to install an auxiliary check valve when you do so. The Venopak air inlet doesn't leak.) Bubbles rising from the air inlet will suffice to mix most medications into your solution.

Emergency? The Venopak lets you switch to blood transfusion instantly, without making a new venipuncture, and without changing the basic hookup. Just plug into the Venopak air inlet, using Abbott's Secondary Blood Administration Set. Blood will automatically take over.

Similarly, you can easily add other fluids by the secondary route.

The Venopak, with refinements in details, has proved itself during more than two decades of hospital experience and approval. No design is faster to set up than Abbott's, none is more reliable. Won't you ask your Abbott man to demonstrate soon?

VENOPAK®

Venopak is a registered trademark of Abbott Laboratories

ABBOTT

ABBOTT LABORATORIES LIMITED
Montreal • Toronto • Winnipeg • Vancouver

there is a noticeable reduction in the circulation to the brain and the utilization of oxygen. In the process of aging, this reduction goes on slowly but steadily.

There are many questions in this area still to be answered. Is reduced brain metabolism the result of cell deterioration or of the psychological and sociological changes associated with aging? Dr. D. Siegal[3], Columbia University research centre agrees with the view of G. R. Cameron that pathological conditions found in the elderly may have their origin during childhood. This is likely to have a marked effect upon future research in the causes and mechanisms of disorders in the elderly.

Psychic Changes

Individual differences are also apparent in the areas of reason and the senses, in spite of the gradual decrease in sensory acuity and reaction time common to the elderly. Intellectual power tends to decline more slowly although we find that the elderly are more likely to think through analogy. This brings up the question of the most effective methods to be used in training the older worker.

The elderly often have difficulty in verbalizing their problems. This implies the necessity for constant observation by the nurse and careful recording in order to avoid a mechanical routine of care that fails to take the old person as an individual into account. Dr. K. Kees confirms this view by recommending that the nurses should add observation to their "soap and water techniques." Genetic and psychosocial factors are the cause of wide individual differences in the degree of aging so that the approach to problems in gerontology demands varied and non-stereotyped methods.

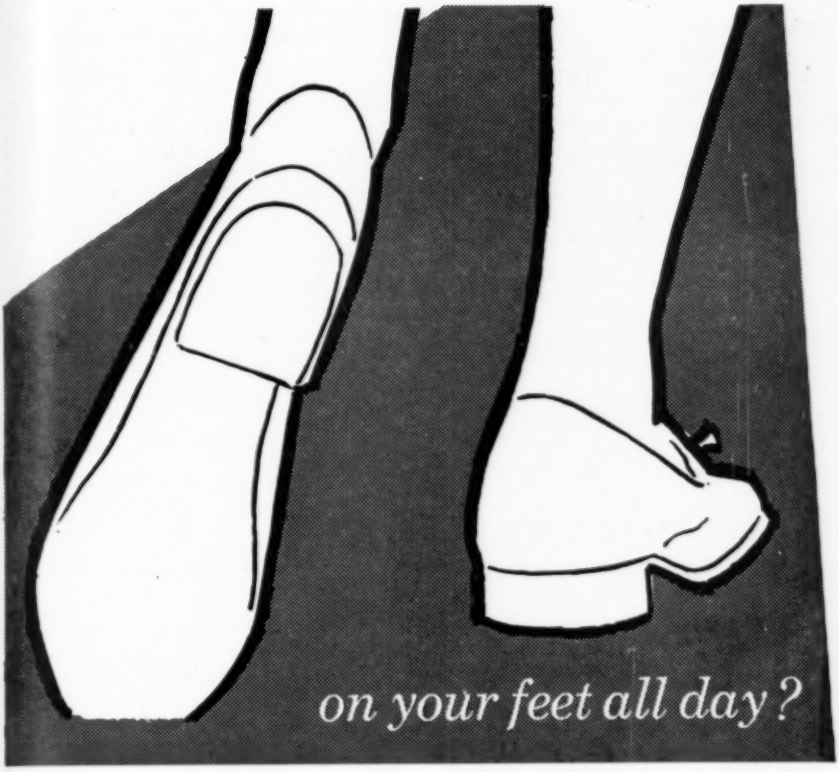
Nurse-Patient Relationships

Medical and hospital personnel have noticed that medical students and even student nurses seem to lose interest in the care of the elderly. Younger patients with their array of acute illnesses are more spectacular, more dramatic. It is only as students, medical and nursing, realize that their future patients will be composed to a larger extent of aged people whose symptoms are in an evolutionary stage and in whom disease processes are slower, that they will awaken to the need for broadening their outlook, professionally and humanely.

In caring for elderly patients, the nurse misses the glow and cheerfulness that she associates with the young. Medical orders frequently are rather numerous; the patient sometimes seems rather indifferent; the hospital, institutional and family environments are relatively unchanging and monotonous. Stimulation depends to a large measure upon the nurse herself. If she is lacking in enthusiasm, it is quite likely that her powers of observation will be less acute with the result that subtle but significant changes in behavior may escape her. Positive action and objective attitudes in gerontology are dependent upon a lively imagination while high ideals are essential in assuring adequate care. A recently published comparative study[2] shows that in gerontology supportive care (physical and psychosocial) is more suitable than the simple physical care especially in the areas of ideation, motivation and emotions. Such research proves once again that the elderly want to be treated as human beings and not as inanimate objects.

General principles in gerontological care could be borrowed to good advantage from the work of Helena W. Render, a psychiatric nurse.[5] She has pointed out that one of our chief functions in nursing is to help our patient to control his environment, and as a prerequisite we must have sensitivity to the subjective aspects of behavior. These principles are based upon reason and tolerance and the aim of treatment is to foster understanding.

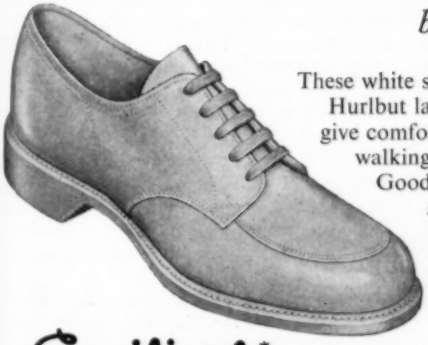
The ability to help others is really dependent upon the principle of respect for human personality. The nurse must avoid imposing her solution to problems, her ideas, her moral views upon the elderly. She must respect the right of the elderly patient to be himself, to make his own decisions and plans in accordance with his needs, his environment and his abilities. The nurse should listen, guide, assist, encourage and motivate. She must reassure the aged person concerning the usefulness of his life. These are all fundamental principles in nurse-patient



Enjoy the comfort of

WHITE UNIFORM OXFORDS

by Savage



These white shoes are made over the famous Hurlbut last—a last especially designed to give comfort and support to feet that are walking and standing most of the time. Goodyear welts, chrome leather soles and a choice of military or flat heels. All sizes and widths . . . all *very* smart in appearance.

About $9.95 — $10.95

Sanitized* for lasting hygienic protection

relationships in the field of geriatrics.

Motivation

Doctor Copping[5], has commented on decreased motivation in the elderly and the consequences, both physical and emotional, resulting from it. Spiller[3], a neurologist, also recognizes the unfortunate mental effects that may result and provides a therapeutic key when he notes that action absorbs anxiety. Motivated activity does more than this. It is conducive to happy, independent living that safeguards the dignity of the elderly. It keeps the human spirit lively and active by avoiding the results of feelings of frustration, insecurity and rejection.

Aging represents fulfillment. The elderly must be made conscious of their unique role in society, their freedom, their dignity and their ultimate purpose.

References

1. *Cahiers Laennec,* Hygiène Mentale, No. 1, March 1957, p. 50.
2. A Controlled Study of an Intensive Treatment Program for Hospitalized Geriatric Patients. *Journal of American Geriatrics,* 6:17-26, 1958.
3. *Journal of Chronic Diseases,* Vol. 3-4.
4. Render, H. W. Nurse-Patient Relationships in Psychiatry.
5. Copping, G. A. Some Problems of the Aged in Medical Practice. *The Canadian Nurse.* January, 1955.

COR TRIATRIATUM

JUDITH AIRD

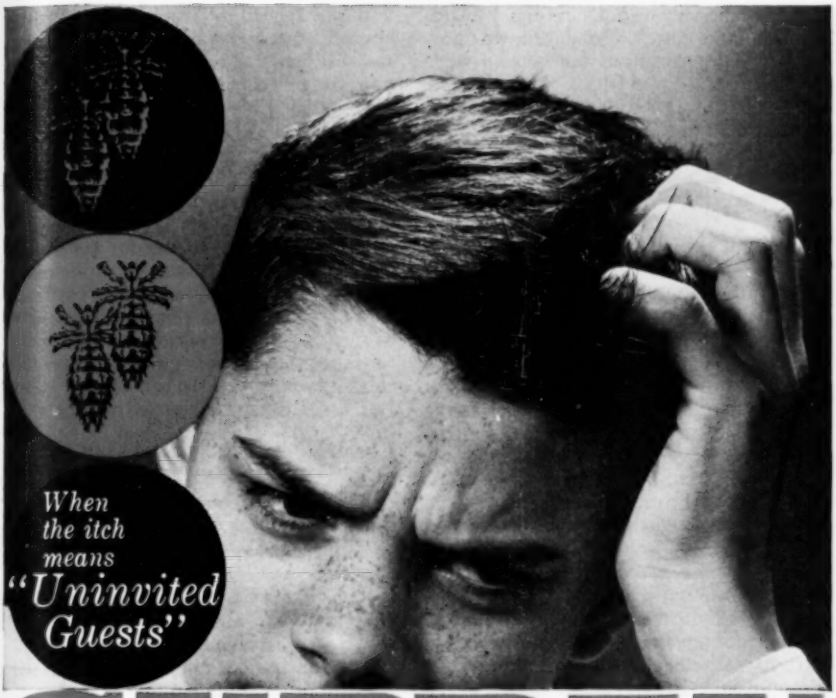
This is the report of an unusual surgical condition that can be corrected because of new developments in operating room equipment and techniques.

THE MEANING of this rather awesome title is quite simple. It refers to a heart with three atria. The left atrium is divided by a septum into two chambers — a posterior superior which receives blood from the pulmonary veins and an anterior inferior which leads from the former to the mitral valve and left ventricle. The septum may contain one or more apertures which vary in size, or it may be imperforate in which case the infant is stillborn or dies in the first few minutes of life. Since this septum causes an obstruction at the atrial level it can simulate symptoms of mitral stenosis. It is eminently suitable for surgical treatment, yet only a few successful cases have been reported.

A case of cor triatriatum was diagnosed on an 18-month-old boy at the Montreal Children's Hospital. This was unique, since the diagnosis is usually mitral stenosis until the operation is performed and the third atrium is discovered. The child was brought into hospital May 19, 1959. His mother, a nurse, reported that the baby had had dyspnea on exertion for six weeks. His respirations were rapid and there was slight indrawing of his ribs. There was some cyanosis of his lips. These symptoms appeared only after exercise and never at rest. There was no clubbing of his fingers or toes, no venous congestion or ankle edema. A chest x-ray showed evidence of left atrial enlargement, which was moderate in degree, with secondary pulmonary edema. Digitalis was started and a cardiac catheterization was performed. The pulmonary pressures were grossly elevated. It was decided that early surgery was indicated as the child was going into heart failure. The operation was performed June 2, 1959.

An open heart operation was carried out — that is, the child was placed on the pump-oxygenator, or as it is popularly known, the heart-lung machine, for 30 minutes. After exploration, the surgeon excised the mem-

Miss Aird is on the staff of the Montreal Children's Hospital.



CUPREX

stops pediculosis fast!

Pediculosis presents no problem when you recommend 'CUPREX' — the personal insecticide.
'CUPREX' not only kills lice but prevents reinfestation by destroying nits as well.
A single treatment — easily applied and well-tolerated — produces gratifying results in most cases within 15 minutes.
'CUPREX' is available at moderate cost from all pharmacies.
Stops pediculosis fast.

***CUPREX* — a product of MERCK**

MSD

Merck Sharp & Dohme
DIVISION OF MERCK & CO. LIMITED MONTREAL 30, QUE.

brane that divided the left atrium into two chambers. Thus, obstruction to the pulmonary venous return was removed and normal circulation was possible. The operation appears to be a very simple procedure, but actually this was the only child ever to be operated on successfully at that time for this particular condition. Four other successful cases that had been reported were done on individuals in their teens and early twenties, the youngest being 17 years of age.

Nursing Care

The unit in the recovery room was set up with a tele-thermometer, a stethoscope, a blood pressure cuff, a chest aspiration set, two Kelly forceps, a dressing set and an extra drainage bottle. A high humidity oxygen tent was placed nearby. The bed was prepared with flannelette sheets and taken to the operating room. A portable oxygen tank was connected to the bed for the move to the recovery room.

The child arrived accompanied by almost the entire "heart team." He had a cut-down through which blood was running and there was one intercostal catheter in his right chest. As soon as the baby reached the recovery room he was placed in the "Croupette" with 45 per cent oxygen content. He was breathing easily. Respirations were 32 per minute and there appeared to be some cyanosis. It was impossible to attach significance to this cyanosis, however, because of the blue dye injected during heart catheterization four days previously. The level on the bottle of blood was checked and the level of the drainage bottle was noted. This was done for the purpose of calculating the amount of blood lost, as it was replaced during the first postoperative day, volume for volume. His temperature was monitored continuously by the indwelling tele-thermometer in the rectum. An electronic recording instrument (Polygraph) was used to record blood pressure. His pulse was 116, strong and fairly regular. His blood pressure was 115/50. Within an hour it had risen to 125/50 and the recordings on the Polygraph showed that it was remaining constant. When the reading was taken by cuff, the blood pressure was 90/50.

Usually there is a discrepancy between the Polygraph and the cuff readings. This instrument is especially valuable when the blood pressure is not easily obtainable by cuff. The venous pressure was recorded by the nurse using a manometer for six hours after surgery. It was erratic even though the patient was not restless. The chest tube was checked frequently to see that it was draining satisfactorily. On the second postoperative day the tube was removed. In all, 180 cc. were lost and 130 cc. given to replace this loss.

The antibiotics received by the baby were streptomycin 250 mgm. twice daily and procaine penicillin 300,000 units twice daily. Crystalline penicillin was placed in each bottle of intravenous 5% glucose and water.

The baby had to be suctioned fairly frequently for several days since there was considerable mucous secretion. His appetite was not impaired by the operation. He ate junior fruits and pablum with relish the day after surgery. His intravenous infusion was discontinued on the first postoperative day.

Later that week the surgeons and the cardiologists decided that the baby no longer needed the intensive care provided in the recovery room. He was sent to a general surgical ward on his fifth postoperative day.

Summary

This case is reported to emphasize: 1. That this was the first reported case of cor triatriatum to be corrected *in infancy and childhood;* and 2. that in this lesion the pump-oxygenator is literally life-saving and permits the corrective surgery necessary to ensure normal life expectancy instead of early death.

. . . the majority of grown-ups regard the dictionary, like the Bible, as something to swear by on occasion, but seldom to study or "read in" regularly. Merely buying a good dictionary does not, of course, magically open the door to the world of words. We must open the book, and often.

— *Saturday Evening Post*

for
Diaper
Rash

...Safely recommend

DIAPARENE

*Clinically proven, effective**

- DIAPARENE OINTMENT—medicated, soothing ointment to clear up the most obstinate case of diaper rash.
- DIAPARENE POWDER—highly absorbent corn starch base, gently medicated, guards against prickly heat and chafing. Prevents ammonia odour and diaper rash.
- DIAPARENE RINSE—(tablet or liquid)—added to final wash water premedicates diaper preventing diaper rash and ammonia odour upon contact with urine.

Most new babies require protection against annoying diaper rash. DIAPARENE in these three forms assures complete prevention and treatment night and day.

DIAPARENE antibacterial preparations for complete baby skin care

*Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950
Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955
Benson, R. A., et al: Arch. Ped., 73:250 - 8, July 1956

DIAPARENE *samples and literature available on request to:*

HOMEMAKERS' PRODUCTS (Canada) LIMITED
36 Caledonia Road **Toronto 10, Ontario**

THE WARD WORKBOOK

MARY M. CONROY

This is a solution to a problem related to effective learning.

Encouraging student nurses to study and to take legible notes during ward clinics is always a problem. Our faculty and students decided to investigate and see what could be done to minimize the senior students' frustration at trying to study for registration examinations from fragmentary notes half-heartedly scribbled during a clinic.

The students felt that, because the clinics were patient-centred, they missed much information if they tried to take notes. However, they felt that they needed something from which to review. One student remarked that being able to recall a particular patient and how he was nursed, as discussed in clinics, helped her to formulate nursing care plans for other patients and also to answer examination questions. Discussion with other students revealed a similar situation.

The teaching staff was concerned about the fact that many of the student nurses did little studying off duty. They felt that some means should be found to encourage them to develop what our faculty likes to call a "scientific curiosity" and to do research on their questions and problems themselves. The clinical instructors were interested in helping the student to concentrate her entire attention on the patient being discussed at the clinic. They felt that many students attempted to record the discussion verbatim.

Accordingly, the curriculum committee introduced a brief course in note-taking in the preliminary term with some success. However, we still felt dissatisfied and realized that something more was needed. Our final solution was to devise a notebook for the students along the lines of a workbook. It is called the "ward workbook" and is in use on the medical, surgical, urological and gynecological units. We examined several commercial workbooks, but felt that none would meet our particular needs nor fit easily into our clinical program.

The faculty members held several meetings and discussions to work out a plan of topics and conditions to be included. These were based on the subjects taught in the class "blocks" and the previous experience of the students. We used as our guide the curriculum outline published by the RNAO. Each instructor took a section and drafted sample questions and assignments. These had to be worded so that they could be used in relation to various patients suffering from the same condition and so, of necessity, tended to be generalized. The sample questions were mimeographed and used on one unit for a month. Both the instructor and the students were enthusiastic and so work went ahead on a complete notebook.

The questions and assignments were organized according to body systems for easy reference and graded according to the level of experience of the student. We decided to prepare no more than 12 short questions per topic. It was to be stressed to the students that these questions represented only a skeleton on which to build their own notes. The questions were directed so that most of them could be answered from information learned during the ward clinic but a few in every topic required the student to do individual study and research. The students have ward clinics twice a week. An assignment is given each time. It is completed in pencil and given to the instructor who corrects it and discusses errors or misconceptions. The corrected worksheet is then filed in the student's workbook.

The format of the workbook is designed to aid the student in studying and to encourage her to follow up her own interests. Sufficient space is left for answers and the back of the page may be used for additional notes, diagrams, bibliography and comments. The pages are mimeographed and there

Mrs. Conroy is clinical coordinator at St. Joseph's Hospital, Sudbury, Ont.

Reitman's

WHERE SMART WOMEN SHOP"

'first stop' for your professional wardrobe!

SPOTLIGHTING

La Cross UNIFORMS

artly and distinctively styled...
iforms just the way you like them!

niforms illustrated, vailable in Sanforized" per-poplin... fabric with elightful 'easy ashing and drying anners'... an ect choice for risp good looks cy-long.
Sizes 10 to 20, **4.95**
Sizes 12 to 20, **3.95**

OUBLE SKIRT SHADOW-PROOF SLIPS
yled in cool white cotton with all-around uble skirt, guaranteed shadow-proof.
zes 32 to 40 in measured lengths:
ort (to 5' 2") Average (to 5' 4")
ll (over 5' 5") **2.95**

ETMAN'S "Ballet" White full fashion se, daytime sheers, measured ngths, sizes 8½ to 11.
.99 pr. 3 prs. **2.85**

ETMAN'S "Van Ultra" plain seamless ons in White. Daytime sheer sizes 8½ to 11.
.99 pr. 3 prs. **2.85**

ALL ITEMS AT YOUR NEAREST REITMAN STORE,
or write to Reitman's Mail Order Dept.,
3510 St. Lawrence Blvd., Montreal 18, P.Q.

is only one topic on each so that we may revise any section at any moment without loss of time, energy and money. The pages are looseleaf notebook size with perforations for easy insertion in standard three-ring covers. They are numbered and an index is provided for easy reference. Students receive their workbooks as soon as they are ready for ward practice.

The workbook has been in use now for over a year. We feel that some conclusions may be drawn on the basis of students' remarks and teachers' comments. Some of the advantages are:

Provision of a reliable, patient-centred outline for review purposes; all notes taken in clinics are in one convenient place; the student can see and understand the pattern in her ward classes and thus the classes are more meaningful to her; organized material is more easily learned and retained; when the student completes the assignment she gains satisfaction from her clinics.

The teachers feel:

That the students are more interested and attentive during the presentation; that the assignments are a more valid means of evaluating the student's understanding of theory than tests; and perhaps the most tangible though not the most important evidence of all, that the students have, on the whole, achieved better marks on their registration examinations.

Three criticisms could be made against the workbook. Uninterested students may copy the assignment from a classmate. This, we feel, is better than the student not having any notes at all. As far as we can ascertain, copying rarely occurs. Another criticism is that ward presentations by the instructors may become stereotyped. This is unlikely since each teacher's personality is reflected in the lectures that she prepares to fit her particular situation. The third possible charge is that we are "spoonfeeding" the students. On the contrary, we believe that we are encouraging them to seek out answers and solutions for themselves. Our librarian has recorded a much greater circulation of nursing texts and periodicals since we began to use the workbook.

We believe that the ward workbook is a useful and valuable adjunct to our teaching program. In fact, we have been so impressed by the results that we have prepared and are now using an "operating room workbook."

SAMPLE QUESTIONS

(Space is left below each question for answers.)

Diseases of the Circulatory System

Coronary Artery Occlusion

1. Describe the symptoms
2. Define myocardial infarction and describe the pathology
3. Three diagnostic aids to determine the presence of coronary occlusion are listed. Give the normal values and state the changes in patients with myocardial infarction:
   a) Temperature
   b) Leukocyte count
   c) Erythrocyte sedimentation rate
4. Electrocardiograms are also used. State how a patient is prepared for an E.C.G.
5. Treatment and nursing care
   a) In what positions should the patient be placed for the greatest relief and comfort?
   b) What is meant by "complete bed rest?"
   c) What are the nurse's responsibilities in turning the patient? In feeding him?
   d) Why is bowel hygiene disregarded for the first few days following an attack?
6. Drug therapy
   a) Why is morphine administered in coronary occlusion?
   b) Why is papaverine used? How does it affect the patient's blood pressure?
   c) Why is aminophylline used?
   d) Why is atropine used?
   e) Why is oxygen used?
   f) Why is it necessary to have laboratory control during the administration of anticoagulant drugs?
   g) What is the normal prothrombin time?
   h) What anticoagulants are used in this hospital?
7. Discuss the role of the nurse in the management of the patient in regard to his activity in:
   a) Acute phase of his illness
   b) Subacute phase of his illness
   c) Convalescent phase
8. How and what must the nurse teach the patient about physical and mental strain?

"...and a pickle on top!"

The food cravings of an expectant mother may be frivolous. Choosing the formula for her baby is not.

Farmer's Wife have the widest variety of specialized milks . . . a choice of five . . . so that you may prescribe the feeding best suited to each infant.

With Vitamin D

Whole Milk
Partly Skimmed Milk
Skimmed Milk

With Vitamin C and D

Instant Prepared Formula
(Whole Milk)
Instant Prepared Formula
(Partly Skimmed)

Easily and quickly prepared. Available in 1 lb. tins especially designed for convenient opening.

Farmer's Wife

CANADA'S PREMIUM INFANT FORMULA MILKS

Public Health Nursing in Newfoundland

RUBY HARNETT

Any nursing service requires the degree of flexibility that permits adaptation to particular needs. The Public Health Nursing Service in Newfoundland demonstrates just such flexibility.

Public health nursing is essentially the prevention of disease, but in Newfoundland the provision of medical care is, of necessity, an integral part of the program. Public health problems are greatly aggravated by the sparsity of the population and by difficulties of transportation and communications.

Newfoundland is an island, roughly triangular in shape, with an area of 42,000 square miles. The land area is about 85 per cent of the combined area of Nova Scotia, New Brunswick and Prince Edward Island, but it has less than one-third of their combined population and one-tenth of their motor roads. A population of approximately 432,000 people is scattered in almost 1400 villages and towns of which only 30 have more than 1000 inhabitants. Some of these villages are accessible only by water.

From this brief background it can be readily understood that a program for public health nurses has to be practical, flexible and realistic. In some of the isolated communities it would not be feasible for her to carry out a stereotyped public health service when medical and nursing care might be the primary need. Consequently, to have an effective program the curative as well as the preventive aspects of medicine must be included.

History of District Nursing

District nursing started in Newfoundland in 1920 under the auspices of NONIA — Newfoundland Outport Nursing and Industrial Association. This Association started with two nurses. In 1934 the Department of Health took over the Nonia nursing centres in the outports, which then numbered six or seven. Other outport nursing centres were organized, as well as a city nursing service in the capital, St. John's. The main purpose of this service was "to further maternal health and to attend the permanent poor of the city."

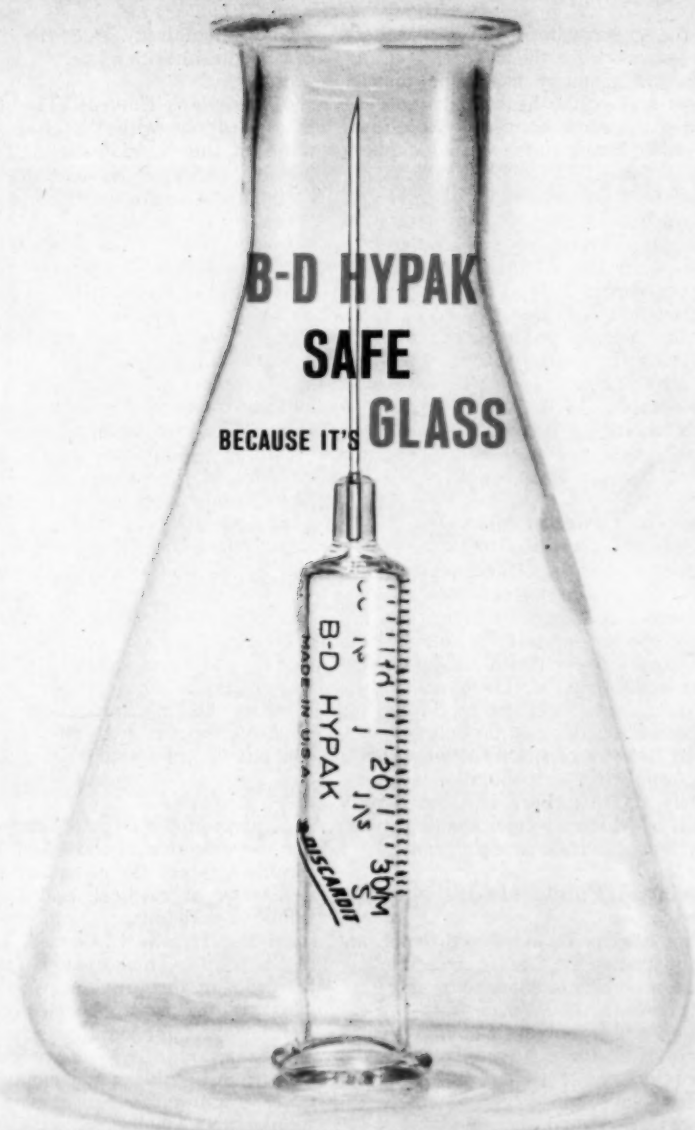
Also in St. John's the need for a child welfare service was recognized. In 1917 a child welfare program was started by a group of interested citizens under the leadership of the mayor. He donated the salary he received for that office to provide remuneration for the first visiting nurse. This was the beginning of the present Child Welfare Association, a voluntary service that receives small grants from the municipality and the provincial government. Today, this organization has a staff of six nurses and is administered by a group of 18 voluntary women. This Association carries out a very active and effective program, specializing in public health services for children from birth to five years of age.

In 1937, a Division of Public Health Nursing was set up by the Department of Health. The District Nursing Division continued its program of bedside care and maternity nursing. Prior to this the district nurses were responsible for school nursing and preventive medicine to the extent that available facilities permitted.

In 1938 the Avalon Health Unit was formed. This unit of ten public health nurses specialized in the field of tuberculosis in a concentrated area, the Avalon Peninsula. The unit was a branch of the Public Health Nursing Division until 1945 when it was dissolved. By this time the incidence of tuberculosis had decreased considerably with a reduction in the death rate of approximately 50 per cent. These dramatic results demonstrate the valuable contribution of this group of public health workers in a specific field. Today the reduction in the tuberculosis death rate is 90 per cent.

By 1940, employment had increased

Miss Harnett is associate director, Nursing Service, Department of Health, St. John's, Newfoundland.



SAFE FOR TODAY'S MEDICATIONS...AND TOMORROW'S

NO CAUTION LABEL NEEDED—Use it with **any** injectable medication...there is no danger of solvent action on the barrel. **SAFE**—B-D Control guarantees sterility, nontoxicity, non-pyrogenicity. **ECONOMICAL**—Disposability eliminates time-consuming, pre-use preparation. **PRECISE**—Exclusive tip design reduces medication loss.

B-D **BECTON, DICKINSON & CO., CANADA, LTD., TORONTO 10, ONTARIO**

a B-D DISCARDIT product

B-D HYPAK, AND DISCARDIT ARE TRADEMARKS OF BECTON, DICKINSON AND COMPANY, INC. 19060

and the economy improved so that there was less work for the District Nursing Division. In many cases the district nurses and public health nurses were visiting the same homes — sometimes the public health nurse visited a tuberculosis patient or school child, while the district nurse attended an obstetrical, medical or surgical patient on the same day. This evidence of overlapping resulted in the amalgamation of the two services in 1941. Thus the present organization of the Public Health Nursing Service was created.

During the years from 1934 to 1946 the Public Health Services expanded considerably. With the provision of more facilities and more qualified personnel the total health program throughout the Island was improved.

Victorian Order of Nurses

With the exception of the services of the Victorian Order of Nurses, public health nursing services are administered and financed almost entirely by the Provincial Department of Health. There are two V.O.N. branches in Newfoundland. The small unit in St. John's was organized in 1954. This is a bedside care program only, carried out by three nurses. On the west coast, in Corner Brook (population approximately 23,000) there is a small unit which provides a school health service as well as a bedside care program.

Provincial Public Health Nursing Service

This Service includes: a director, an administrative staff of an associate director, an educational director and four field consultants. Within this organization, which includes the administration of 18 Cottage Hospitals, there are approximately 45 public health nurses in St. John's and 32 stationed in the outport areas.

The St. John's program is general, covering all phases of public health and providing bedside care in the homes of the indigent. The specific types of service offered are:

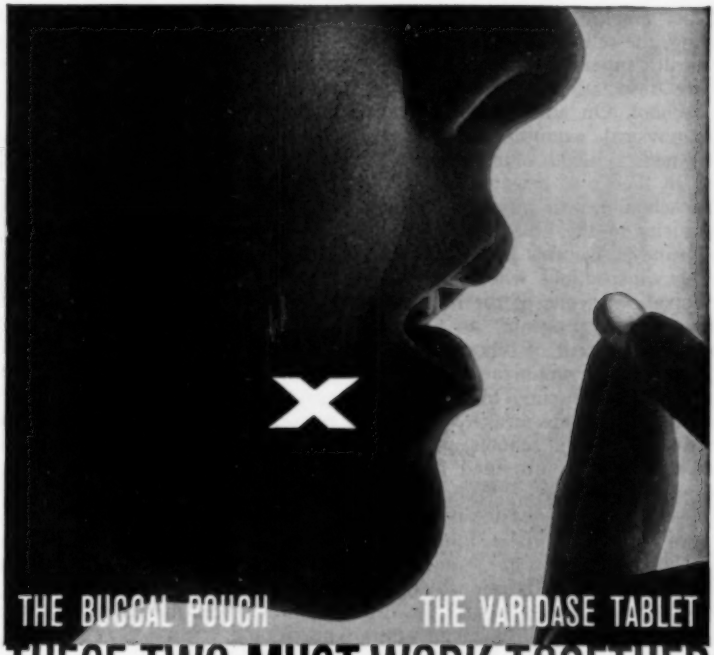
Morbidity Service: This is carried out by a group of ten to twelve nurses who are commonly called district nurses because the city is divided into district work areas. They give medical and bedside care to indigent families, including children, under the direction of a medical health officer.

Tuberculosis Control: The program is carried out with the close cooperation of the Newfoundland Tuberculosis Association, a voluntary organization. All diagnostic and treatment services are free to all residents of the province. The Tuberculosis Dispensary in St. John's serves as a centre for tuberculosis control in the eastern half of the province. There are five nurses attached to this centre who are in attendance at daily chest x-ray clinics and carry out a home visiting program. The out-patient department of the West Coast Sanatorium in Corner Brook serves as a similar centre in the western half of the province. The B.C.G. vaccination program was started in 1951 and is directed by the Tuberculosis Dispensary. This service is available to all children from birth to 21 years of age. Four nurses make up the team.

Venereal Disease Control: There are two nurses in this division who work directly under the Chief Medical Health Officer in V.D. clinics and visit contacts upon referral from other agencies.

Communicable Disease Control: Under the direction of the Chief Medical Health Officer, the program has the assistance of medical health officers, public health nurses and inspectors from the Health Inspection Division in St. John's. The service is free to all residents of the province who are encouraged to avail themselves of it. Within St. John's the schools are visited periodically by the public health nurses. All children are examined for acute communicable diseases and immunizations, including Salk Vaccine are kept up to date. The Child Welfare Association administers toxoids to infants and preschool children at home and in the Child Welfare clinics in St. John's and nearby areas.

Maternal and Child Health Program: This service includes prenatal clinics, held twice weekly with a doctor and public health nurses in attendance; prenatal and postnatal visiting in the home; a home confinement ser-



THESE TWO MUST WORK TOGETHER

X marks the buccal pouch, the area between the lower molar teeth and the inside of the cheek.

Patients need to understand that VARIDASE is not taken like an ordinary tablet ... it does not work properly if chewed or swallowed.

Taken correctly VARIDASE Buccal reduces inflammation and swelling, relieves pain and speeds recovery in sinusitis • contusions • abrasions • sprains • fractures • chronic bronchitis • skin infections.

Be sure to show them how to place the tablet in the buccal pouch and advise them to swallow no more saliva than necessary while it dissolves.

Literature available upon request.

VARIDASE* BUCCAL TABLETS

STREPTOKINASE-STREPTODORNASE LEDERLE

Lederle CYANAMID OF CANADA LIMITED *Montreal*

vice (now practically non-existent as most deliveries occur in hospital) and prenatal classes, held weekly for expectant mothers who have been recommended by their physicians.

School Health Program: Generally speaking, the school health nurse takes over health supervision from the Child Welfare Association when the children enter school. On admission, they are given physical examinations by the school medical health officer, or if preferred, by their own private doctors.

The school health nurse makes regular visits to the school and carries out routine procedures including rapid classroom inspections when necessary. Immunization is one of the important phases of this program, as approximately 80 per cent of school children receive all their immunization requirements through the school team.

An active dental health program is carried out in the schools, with free remedial treatment provided for specific age groups.

The school health service is extended to all 38 schools in St. John's — a total school population of approximately 24,000. Working relationships between the schools and the public health nursing service are excellent thus laying a good foundation for carrying out an effective program. Nurse-teacher conferences are held frequently and specific cases are referrd to the nurse, school medical officer or parents. The nurses do follow-up home visiting when necessary.

Outport Nursing: A similar program exists wherever possible in the outport areas. Very often the nurses are stationed in settlements lacking physician's services and a great deal of their time is taken with curative nursing—bedside care, medical and surgical treatment in the home and in the clinics and home confinements. Here too, in recent years, the number of home confinements has decreased considerably.

Most of the nurses work within a cottage hospital area where they can get medical direction from the doctor in charge, but distance, time and the elements are sometimes big factors. Consequently, on many occasions, these nurses have the added responsibility of determining the causes of illness and giving temporary remedial treatment, pending the arrival of the doctor or transportation to take the patient to the hospital.

Many of the nurses employed in the outport areas have come from the United Kingdom and, generally speaking, they seem to find small community life stimulating and gain a satisfying experience in their diversified role as a leader in striving to promote a more healthy community.

Health Education

Health education is acknowledged to be vital to all public health services and an integral part of the public health nurse's program whether she works in an outport area or in a city. Health education is emphasized during the orientation and inservice training of all public health nurses.

In recent years there has been a steady increase in the nurses' use of health education materials and consultative services in health education and nutrition.

Conclusion

From this brief account of public health nursing in Newfoundland it can be readily seen that the program is completely generalized in the true acceptance of the term. It must be remembered that the development of public health in this province is comparatively recent and that many of Newfoundland's challenges have been met in a relatively short span of time. The curative aspects have often taken precedence over the preventive, but when striving to meet an objective the immediate problems must be grappled with first to ensure a firm level on which to build a sound program. It is hoped that this province has now reached that level and is ready to aim for new goals for optimum health for all.

One single contribution to the United Appeal or Red Feather helps to make a multitude of community services possible in the most economical way.

KNOX OFFERS SPECIAL DIETS TO AID THE MANAGEMENT OF:

obesity

chronic illness

hypertension

diabetes

peptic ulcer

each figure represents 500,000 patients

EACH KNOX BROCHURE

PROVIDE SPECIFIC

obesity—Overweight is the major nutritional problem for most Americans. This authoritative booklet now in its 5th edition can help your patients live longer by reducing. In simple terms, it presents key information on the use of Food Exchanges[1] in color coded diets of 1200, 1600 and 1800 calories. These diets eliminate calorie counting, provide a wide range of foods and even allow between-meal snacks. The last fourteen pages offer more than six dozen tested low-calorie recipes.

chronic ills—Since illness and surgery may cause serious protein depletion, a high protein intake is desirable in these states. "Meal Planning" describes diets from clear liquid to full convalescent. It offers the homemaker for the first time detailed daily suggested menus for each type of diet and many helpful hints on planning meals and managing the nutritional problems of the sick. Best of all, it has dozens of appetizing recipes that will appeal to finicky eaters.

hypertension—Despite the proved benefits of a low-salt diet, it's often difficult to enlist patient cooperation. "Individualized Low-Salt Diets" is designed to maintain patient enthusiasm and to save you valuable office time by eliminating needless repetition. This new Knox Brochure covers essential data on tested, low sodium recipes, and sources of low sodium food. Diets are easily individualized by selecting one of three caloric levels and one of four levels of sodium.

KNOX GELATINE (CANADA) LIMITED
Professional Service Department,
140 Saint Paul St. West, Montreal, Quebec CD-96

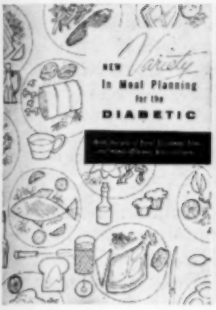
Please send me copies of the following Knox Special Diet Brochures:

- ☐ Individualized Low-Salt Diets.....dozen
- ☐ Special Reducing Diets.....dozen
- ☐ New Variety in Meal Planning for the Diabetic.....dozen
- ☐ Bland Diets for Gastritis and Peptic Ulcer.....dozen
- ☐ Meal Planning for the Sick and Convalescent.....dozen

(your name and address)

IS DESIGNED TO

NUTRITIONAL HELP IN:



USE COUPON
ON OPPOSITE
PAGE TO
ORDER YOUR
OFFICE SUPPLY
OF FREE
KNOX
SPECIAL DIET
BROCHURES

diabetes—When food selection is a problem with the diabetic diets, "New Variety in Meal Planning for the Diabetic" containing Food Exchanges[1] will be helpful. This soundly tested little booklet demonstrates that variety is possible for the diabetic, eliminates the confusion of calorie counting and promotes accurate adjustment of caloric intake to the need of the patient. Topped off with sixteen pages of interesting and easily prepared recipes.

peptic ulcer—Modern management of gastritis, hyperacidity and peptic ulcer continues to stress the valuable role of bland diets in these conditions. This new Knox Brochure presents basic facts patients need to know about bland foods, frequent feedings and high protein intake. New edition—now twenty-eight pages long and completely revised—includes lists of foods to avoid, permitted foods and seven pages of tested tasty recipes.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, 74 STANLEY AVENUE, OTTAWA

Daily Bulletins

A special note of thanks is here expressed to Miss GENEVIEVE LAMARRE, director of nursing education, Hôpital l'Enfant - Jésus, Quebec, and Miss JEANNE BERTRAND, Assistant-registrar ANPQ for the generous contribution of their time and energy during the Convention for translating the daily bulletins.

Were you there?

If not, you will enjoy reading our editors' interesting account of the Convention activities. All reports indicate that the meeting in Halifax was a pleasant and useful experience.

Business Firms

Our thanks are very sincere to these business firms for their generous contribution to the success of the 30th Biennial Meeting.

The T. Eaton Company Limited, who again provided the attractive programs for the CNA General Meeting. The cut on the cover was provided by the Halifax Tourist and Convention Bureau.

This year Henry Birks & Son of Halifax who provided us with the folders for convention material.

Smith, Kline and French for the $200 donation towards the entertainment fund and also for the programs for the President's reception at St. Patrick's high school auditorium.

Texaco of Halifax — contribution of $50.00 for the flowers used at the Special Luncheon at the Nova Scotian Hotel.

The Island

A two-day post-convention meeting of the Executive Committee was held in Charlottetown. The newly elected President, Miss Helen Carpenter, presided.

Many social events were arranged for the Executive's entertainment including: a luncheon at Dalvay as guests of the provincial government, with the Premier as host; a luncheon at Charlottetown as guests of the city, at which the Mayor extended a welcome to all; high tea at Government House; an evening reception at Charlottetown Hospital; and a wonderful lobster buffet supper at Cavendish as guests of the Association of Nurses of Prince Edward Island.

WANTED

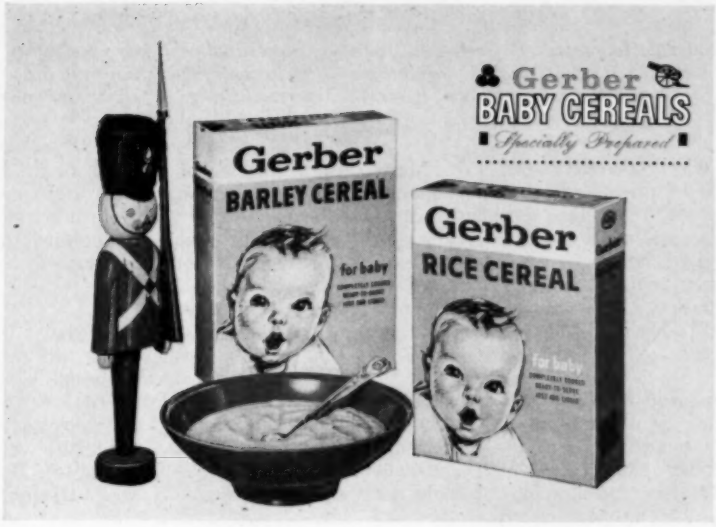
For professional staff of National Office. Nurse, well qualified in nursing education to work in the follow-up program of the Pilot Project Evaluation of Schools of Nursing in Canada.

Qualifications — advanced preparation and experience in nursing education.

Apply to:

THE CANADIAN NURSES' ASSOCIATION

74 STANLEY AVENUE, OTTAWA, ONTARIO.



to increase **iron intake in the infant**

Gerber Cereals are excellent carriers of iron to prevent iron deficiency in the infant. Exclusive cereal formulation includes a selected iron salt (sodium iron pyrophosphate) which is as easily absorbed, and to the same degree, as the iron found in natural sources.[1] One-half ounce (6 tablespoons) of any Gerber cereal supplies 7 mg. iron.

Vitamin-enriched. Additional thiamine, riboflavin and niacin supplement the vitamin content of the cereal and that of the infant's formula. See text below for analysis.

Gerber Cereals are thoroughly pre-cooked to make them readily digestible. This digestibility makes it possible to start cereal as soon as extra nourishment is indicated. Especially recommended as starting cereals: Rice Cereal and Barley Cereal—one grain and hypo-allergenic.

VITAMIN ANALYSIS
% of minimum daily requirement

	FOR INFANTS	FOR YOUNG CHILDREN
Thiamine	320%	160%
Riboflavin	100%	67%
Niacin	4 mg.*	80%

1. A.M.A. Journal of Diseases of Children, 95:109-119 1958

*Minimum daily requirement for this nutrient has not been established for the ages indicated.

BABIES ARE OUR BUSINESS . . . OUR ONLY BUSINESS!

Gerber Baby Foods

NIAGARA FALLS—CANADA

EXTRADURAL HEMATOMA

KATHLEEN A. DOONAN

A good rule to remember in dealing with the individual who has received a blow on the head is that the symptoms of serious difficulty may not be immediately discernible. Constant conscientious observation is of the utmost importance.

IT WAS SATURDAY EVENING. Many of the town's citizens were settling down to read the weekend paper. Meanwhile, at the city bus terminal, an accident occurred. Tom Mann, age 17 years, a "truck jumper," employed by the local agency of a daily newspaper, fell off a delivery truck as it lurched forward.

Admission to Hospital

The boy was admitted to the emerbency room of the hospital in a semiconscious state. He was able to answer briefly when questioned, but could not offer any information about his accident. The provisional diagnosis was cerebral concussion.

He appeared to be in a state of shock. Extra warmth was provided by means of additional blankets on the bed. When the external temperature is elevated, the receptors in the skin transmit impulses that result in stimulation of the body's vasodilators and consequent dilatation of the arterioles. This promotes better circulation and provides the vital organs of the body with an adequate blood supply.

Physical Examination

Vital signs were checked immediately. His blood pressure was 118/74 — normal for a 17-year-old. His temperature was 95° F. by axilla, the normal being 97.3° F. by axilla. Radial pulse rate was 60 per minute. The normal rate is 80-86 for a well-developed boy of this age. Respirations were normal at 20 per minute. The physician noted that Tom's pupils were unequal in size, but both reacted to the bright light of the ophthalmoscope.

A slight contusion was found on the right side of the back of the head. Shortly after admission he vomited, which was indicative of increased intercranial pressure although it is sometimes an emotional response to shock.

Miss Doonan is a senior student at Hotel Dieu of St. Joseph, Windsor, Ont. She received Honorable Mention in the recent Macmillan Award Competition.

Social History

It was learned from the boy's father that Tom's mother was in another hospital awaiting abdominal surgery. Naturally, Mr. Mann was very upset about the accident. The doctor assured him that the boy would be watched closely throughout the night. The father said that his son had not had any serious illnesses previously. Since Tom had been injured while at work hospitalization expenses were the responsibility of the Workmen's Compensation Board.

Clinical Treatment

Shortly after his admission a neurosurgeon was called to see Tom. He left the following orders:

1. Oxygen per nasal catheter four liters per minute.
2. Intravenous injection of 1000 cc. 5% glucose in distilled water.
3. ACTH extract, 10 cc. intravenously, to prevent acute adrenal insufficiency.
4. Nurse at the bedside constantly to observe the patient.
5. Vital signs to be checked q. 1 h.
6. Pupils to be checked q. 1 h. for equality of size and reaction to light.
7. Immediate urinalysis for sugar. (A Clinitest revealed that no sugar was present.)
8. Hemoglobin estimation and white blood cell count.

The hemoglobin rate was normal at 96 per cent. The white blood cell count was elevated from the normal 5,000-9,000 to 23,400. The immediate cause for the latter was unknown.

The first few hours passed uneventfully. The patient's nursing care consisted chiefly in checking the vital signs

UNIFORMS OF 'TERYLENE' STAY FRESH AS A DAISY ALL DAY!

Uniforms of 'Terylene' won't wrinkle even in the laundry! Wash by hand or machine . . . drip or tumble-dry . . . need only touch-up ironing. These smart styles by WHITE CROSS stay fresh as springtime all day! Left, No. 4110, coachman style. Right, No. 4112, Italian style collar, plus smart sunburst pleated back (illustrated). Both of 100% 'Terylene'. Sizes 10-18. About $17. At better stores coast to coast. *Look for the name* WHITE CROSS *on the label.*

C-I-L / TERYLENE*

*REGISTERED TRADEMARK. 'TERYLENE' IS MADE IN CANADA BY C-I-L.

TERYLENE

and keeping him at rest. Quiet was essential because restlessness could have precipitated a cerebral hemorrhage, if a cerebral vessel had been traumatized. The next afternoon the boy began voiding involuntarily. He lapsed into unconsciousness. His blood pressure dropped to 104/60. His pulse rate increased to 96 per minute. His temperature was elevated to 101° F. per axilla. The right pupil became enlarged and both pupils failed to react to light. He became very restless. All of these changes occurred rapidly and indicated an intracranial hemorrhage. The dilation of the right pupil was especially important since it gave evidence of increasing intracranial pressure on the right side. This along with the bruise on that side of the head, helped to confirm the diagnosis.

The doctor was notified immediately. The patient had x-rays of his abdomen, chest, and skull. Tom was moved carefully in order to prevent further hemorrhage. The radiologist reported that: "there were no fractures of the pelvis and no free air in the peritoneal cavity. The lungs appeared to be equally ventilated and there were no rib fractures." Films of the skull revealed a fracture on the right side. A craniotony was considered necessary and Tom was prepared for surgery.

His head was shaved and he was given Phenergan 25 mg. as a relaxant and atropine gr. 1/150 to reduce secretions in the nose, mouth and throat; to produce deeper respirations by stimulating the respiratory centre and finally to relax smooth muscles by paralyzing the effect of the parasympathetic nerves.

On the ward, an anesthetic bed was prepared and the following equipment assembled: an intravenous stand, oxygen tent, suction machine, mouth wipes, kidney basin, tongue depressors, ophthalmoscope, sphygmomanometer, stethescope, and a drainage bottle. It was assumed that a Foley catheter would be inserted.

Surgery

The operation required approximately two and one-half hours. Sodium pentothal intravenously and nitrous oxide by mask were the anesthetic agents used. Sodium pentothal is a very potent barbiturate, and the usual stages of anesthesia may not be apparent because consciousness is lost so rapidly. It is generally in combination with a mixture of 50% nitrous oxide and 50% oxygen. Nitrous oxide does not produce untoward respiratory or circulatory effects and is a popular anesthetic.

The neurosurgeon discovered an extradural hematoma on the right side, measuring three to four inches in diameter. It was felt that the brain had not been injured in any way. The various physical changes in the patient's condition were due to the rupture of several small vessels in this region. The blood had formed a jellied mass beneath the skull.

During the course of the operation, the anesthetist observed frothy, bloody liquid in the patient's mouth, and further examination revealed the patient was developing pulmonary edema. The operation was stopped immediately and a tracheotomy was performed. It was felt that a central nervous system lesion had caused the pulmonary condition. In pulmonary edema there is increased negative pressure in the lung. This results in pulmonary congestion, circulatory embarrassment and a suction effect upon the engorged pulmonary capillaries. Therapy is directed towards lowering the elevated negative intrapleural pressure and relieving anoxemia through the administration of oxygen. In this instance oxygen did not relieve the patient's dyspnea and cyanosis.

Emergency Treatment

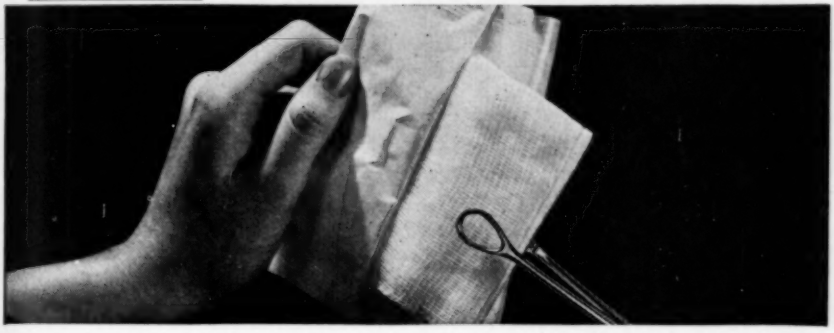
Tom's condition became increasingly critical and his prognosis was very poor. A very large amount of bloody, mucoid material was suctioned from the trachea through the tracheotomy tube. A diuretic, Mercuhydrin 1 cc., was given intramuscularly. This is a mercurial preparation and it acts upon the kidney to depress activity in the tubules and to lessen the reabsorption of water. It also interferes with the reabsorption of chlorides (which cause fluid retention) in the tubules. As a result chlorides and fluid are excreted. Mercurial diuretics are considered to be particularly effective in relieving edema for this reason.

Atropine sulfate was given hypodermically in large doses to reduce

NEW PRE-PACK OPENS ASEPTICALLY

...*in one simple motion!*

all one motion: pull tab . . . dressing's ready . . . one hand's free



New S-E Pack keeps dressing sterile from package to patient. Opens without scissors or string—dressing never touches torn, unsterile edges.

An ingeniously simple wrap now gives you Cover Sponges that remain totally sterile—even during their removal from the package. There's no contact with hands or unsterile edges. Completely aseptic, at a time when strict adherence to aseptic technique is a main line of defense against hospital staphylococcus. 1, 2, 3, et. al.

In addition to much-wanted safety, you have the much-proven pre-pack efficiency that yields steady dividends in terms of time gained, labor spared and money saved.

For the latest—as well as the safest—in hospital dressings, use Curity.

1. Burnett, W. E.: *Program for Prevention & Eradication of Staphylococcic Infections*, J.A.M.A. 166: 1183-84 (March 8) 1958. 2. Adams, R.: *Prevention of Infections in Hospitals*, Am. J. Nurs. 58:344-48 (March 1958). 3. *Medical Authorities Recommend Ways to Control Infections*, Mod. Hospital 90: March 1958, 51-54.

Curity® S-E® Pack

*T.M. TRADE MARK

THE KENDALL COMPANY (CANADA) LIMITED
BAUER & BLACK DIVISION

the rapid formation of secretions. Digoxin was given intravenously in a digitalizing dose, 1.5 mg., in order to slow and strengthen the heart beat. Digoxin is a glucoside of digitalis *lanata*. It has an advantage over digitalis for the patient who must be rapidly digitalized. When the drug is given intravenously, saturation of the tissues is accomplished rapidly, and digitalization occurs within minutes. Digoxin is a tissue irritant and must be carefully given, since it may cause sloughing. The contents of the ampoule should be diluted before administration.

Whole blood, 1000 cc. was started intravenously to replace the blood lost during surgery and to counteract shock. The head of the operating table was elevated to lessen the amount of fluid accumulating in the mouth and trachea and to facilitate breathing.

All attempts to improve the boy's condition appeared to be futile. He remained in a dyspneic, cyanotic condition. Suturing of the incision was completed and his head was bandaged. The surgeons decided that nothing further could be done and the patient was returned to his room with a parenteral infusion of 5% glucose in distilled water dripping slowly.

Postoperative Care

Tom was placed in a semi-Fowler's position in his bed. His dressing was examined and there was no apparent bleeding. His blood pressure reading was 104/50; pulse rate rapid but regular at 120 per minute; respirations, shallow and rapid, at 60 per minute. The nurses were warned to observe his eyes most carefully. If any changes in the pupils were noted, it might be indicative of another intracranial hemorrhage, and further surgical intervention would be necessary.

Postoperative Orders

1. Patient to be placed in cold croupette with oxygen running at 12 liters along with Alevaire aerosol.
2. Crystalline penicillin 1,000,000 units q.4 h.
3. Bicillin 600,000 units daily.
4. Tracheotomy to be suctioned p.r.n.
5. Foley catheter to be inserted.
6. Keep intravenous running at 10-15 drops per minute, to keep vein open.
7. Record intake and output.
8. Check blood pressure, pulse, respirations, and pupils every 30 minutes.
9. Notify the doctor of any unusual occurrences.
10. Blood chemistry as follows: plasma proteins, serum sodium, and serum potassium.

Nursing Care

The purpose of the cold croupette was to keep the body temperature down. It was important for the nurse to keep the ice container filled in order to maintain the lowered environmental temperature. Alevaire, a non-volatile substance combined with distilled water, was placed in a jar attached to the oxygen outlet in the tent. It was dispersed in a fine spray and affected the mucosa of the tracheobronchial tree directly as it was breathed in. Its purpose was to loosen mucous secretions and to keep the respiratory tract free from obstruction. One ounce of the aerosol solution was added to one pint of distilled water in the nebulizer. It was also the nurse's duty to see that the oxygen supply was maintained.

Because of the patient's elevated white blood cell count and as a prophylactic measure against further infection, antibiotics were administered. Tom was not skin-tested for sensitivity to penicillin since his father said that the boy had received penicillin during a previous illness with no allergic manifestations.

A Foley catheter was inserted and the nurse charted the type and amount of urinary output. A scanty urinary output could indicate renal complications. There was little intake for the first 24 hours. Oral intake was nil and the intravenous drip ran very slowly. An accurate output record was of great importance in determining if the amount excreted was adequate enough to reduce the pulmonary congestion.

Throughout the first postoperative night, Tom's blood pressure, pulse rate, and respirations were not stable, and consequently they were checked every 10 minutes. His blood pressure fluctuated between 126/80 and 78/58. His pulse became feeble and rapid at 136 per minute, and at one point his respirations were 70 per minute. Coramine 1.5 cc., a respiratory stimulant, was kept ready for emergency use. His

CONSTIPATED!

take PHENO-ACTIVE BRAND

... for gentle, dependable relief without unpleasant reactions.

Each tablet contains:

Phenolphthalein	¾ gr.
Aloin	⅕ gr.
Ext. Belladonna, BP	1/16 gr.
Ipecac powder	1/16 gr.

DOSAGE: One or two tablets at bedtime. In obstinate cases, one tablet after each meal, then reduced to one morning and night. After regularity has been established, one or two tablets each night until condition is corrected.

Tubes of 25, bottles of 100 tablets

Charles E. Frosst & Co.
MONTREAL CANADA

pupils remained equal in size and reacted to bright light.

One of the most important aspects of my work was the care of the tracheotomy. The tube had to be suctioned about every five minutes. Caution, patience, and persistence were needed by the nurse in her attempts to free the tenacious, mucoid material gathering in the trachea. Merthiolate was used to color the string that secured the *outer* cannula of the tracheotomy tube in the throat. This was done to prevent the possibility of untying the cord accidentally, and ejecting the tube from the trachea.

The inner cannula of the tube had to be removed and cleaned about every two hours in order to prevent any obstruction. A long-handled, tiny-headed brush was used to clean the tube. Sodium bicarbonate solution was used to loosen the hardened secretion and aqueous zephiran chloride, 1:1000, was used as a disinfectant.

There were no marked changes in Tom's condition on the first post-operative day. Blood specimens were taken to check the patient's electrolyte balance. All were within normal limits.

a. Plasma proteins (91-108 meq./L) — 102 meq./L

b. Serum sodium (136-145 meq./L) — 140 meq./L

c. Serum potassium (3.5-5.6 meq./L) — 4.6 meq./L

The boy remained semicomatose. He was nursed in the oxygen croupette. Sponge baths kept his skin clean and comfortable. Oral hygiene was provided by frequent, regular cleansing of the gums and buccal cavity with swabs dipped in mouth wash. Intravenous feedings of glucose and distilled water provided fluid and nourishment.

On the second postoperative day, Diuril 0.5 gm. was ordered. This preparation is a diuretic and it improved urinary output and the excretion of waste products. Tom was allowed sips of water which he tolerated quite well. Early in the day he became very restless and tossed about in the bed.

Restraints were used for a time, but it was feared that the patient's constant struggle against the restraints would place a strain on the cranial suture line. The physician was notified about the patient's restlessness and ordered Sparine 50 mg. q. 4 h. as required. This produced a general dulling of mental activity, muscular relaxation, and in general had a calming effect. It was used for about 24 hours and the boy slept most of the time. It was important to change his position at frequent intervals while he slept to prevent hypostatic pneumonia and to promote good general circulation. The Foley catheter was removed on the fourth day after surgery. The nurse encouraged the patient to take clear fluids by mouth. He voided a sufficient quantity of urine within eight hours.

On the following day Tom was markedly improved. He appeared bright, alert and well-oriented as to time, place, and persons. Since very little exudate was obtained from the tracheotomy tube it was removed and the incision was sutured. No respiratory difficult followed. Upon examination the lungs were found to be clear. The rate and rhythm of the heart was normal. The white blood cell count was reduced to 5,000. The patient was definitely improved!

During the days that followed the nurse assisted in rehabilitation. She had to help the patient to understand his illness and to make the necessary physical and emotional adjustments required of him. She had to teach him to carry out the measures of self-care that he was able to do. Most of all she had to offer guidance and encouragement.

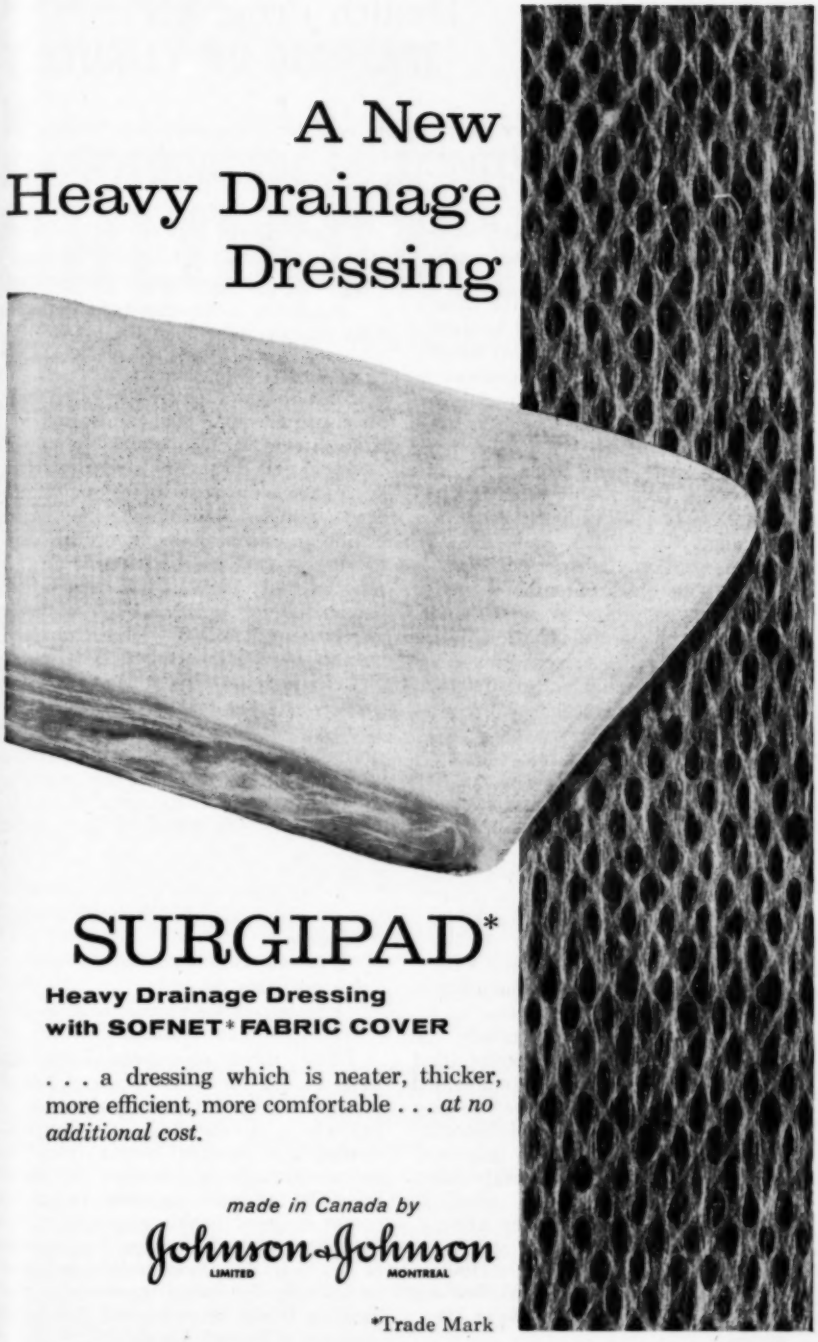
Only two weeks after surgery, Tom had his sutures removed and could look forward to going home. Thanks to the miracles of modern surgical procedures, new drugs, and diligent nursing care, a productive life would be possible for him.

In Saskatchewan, less than six years after Salk vaccine became available, 90 per cent of all children under 17 and 63 per cent of adults from 17 to 40 had had three doses of Salk vaccine.

The human race is divided into two classes: those who go ahead and do something, and those who sit still and inquire "Why wasn't it done a better way?"

— Oliver Wendell Holmes

A New Heavy Drainage Dressing



SURGIPAD*

Heavy Drainage Dressing with SOFNET* FABRIC COVER

. . . a dressing which is neater, thicker, more efficient, more comfortable . . . *at no additional cost.*

made in Canada by

Johnson & Johnson
LIMITED MONTREAL

*Trade Mark

Parents and the Home and School Health Program

FRANCINE MORIER

Many non-nursing groups are aware of the need for community involvement in matters of health. A home and school association can accomplish a great deal toward improving the health of a community.

TO TRY TO DETERMINE PARENTS' responsibilities for health is rather like searching for the beginning of a circle or trying to explain the child's fatherhood of man! In order to shoulder their responsibilities for health, prospective parents must possess a reserve of sound physical, mental and moral health that will serve as a solid foundation on which the forthcoming generation can build. Such a reserve can reliably obtain only when individuals have lived healthfully from the beginning.

Let us presume that such is the case and that we face parenthood under these most favorable conditions. As parents, what health responsibilities fall to our lot?

The Junior High Health Education Curriculum of Manitoba states that "Health is a way of living rather than a subject to be taught." Parents therfore must live healthfully before they can transmit, exemplify or teach health to their children. The rules we were taught at school still apply.

> Adequate ventilation, exercise, recreation, rest and sleep; cleanliness, proper clothing, good posture; observing Canada's food rules; providing for elimination, safety, immunization; care of teeth, hearing and sight; care during illness and regular physical examinations.

These rules remain essentially the same during pregnancy except that a monthly examination is recommended instead of an annual one. By so doing the doctor can suggest special modifications that the mother-to-be may need to make in her regular health rules. He will be able to prevent complications or correct them if they arise.

Mrs. Morier is chairman of the Health Committee of the Home and School and Parent-Teacher Federation of Manitoba.

When children appear on the scene, how is the situation altered? To paraphrase the same Health Curriculum.

> The task of encouraging and directing the practice of healthful living belongs initially and primarily to the parents.

The health rules still apply with emphasis on adequate medical supervision from infancy such as may be obtained through well-baby clinics. Parents can keep pace with their increasing health responsibilities by maintaining good health practices in the home, by supporting school and community health programs, by discovering further health needs and helping to provide for these.

Rules are fine but, unfortunately, parents often honor them more in the breach than in the observance, as proved by food habit and dental surveys, etc. It is also true that parents cannot give their children something which they themselves do not possess, whether it be physical, mental or moral. No matter how much or how little schooling parents have had, it is their duty to:

1. Recognize health liabilities and discover what gaps exist in their health knowledge,
2. obtain the information and available assistance required,
3. carry out the recommendations of medical and health authorities.

These three objectives form the basis of our Home and School health program. We strive to promote a greater understanding of physical, mental and spiritual needs from infancy, through adolescence, to adult life. The intended outcome is an increase in good health practices in the home, support of an effective program of health in the school, solid community backing for health authorities and existing health services, and the consideration of further needs.

over an 8-year span...

VIRTUALLY NO DECREASE IN STAPHYLOCOCCAL SENSITIVITY

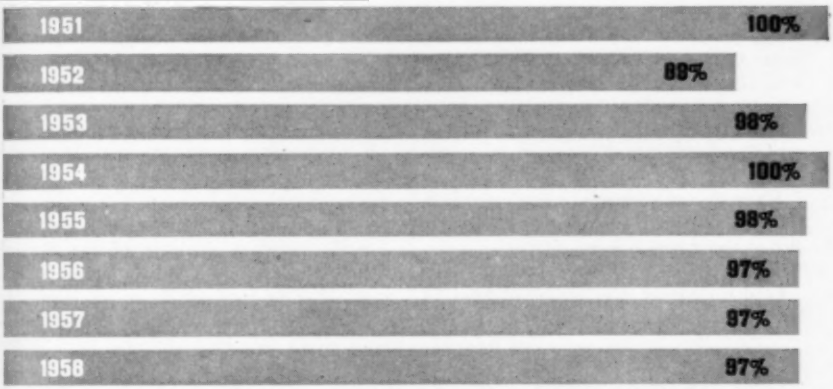
CHLOROMYCETIN®

(chloramphenicol, Parke-Davis)

Rebhan and Edwards,[1] reporting from the Hospital for Sick Children, Toronto, observe that "...only a small percentage of strains have shown resistance..." to CHLOROMYCETIN, despite steadily increasing use of the drug.

In Canada,[1-5] as in every other country in the world, published reports repeatedly confirm the efficacy of CHLOROMYCETIN in a wide variety of serious infections.

IN VITRO SENSITIVITY OF PYOGENIC STRAINS OF STAPHYLOCOCCI TO CHLOROMYCETIN OVER A PERIOD OF EIGHT YEARS*



Statistics were gathered over almost a decade on 329 children with staphylococcal pneumonia; 1,663 sensitivity tests were performed. As with virtually every other study reported, these results were obtained with CHLOROMYCETIN (Parke-Davis' brand of chloramphenicol).

*Adapted from Rebhan & Edwards[1]

Chloramphenicol is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapseals® of 250 mg., in bottles of 16, 100, and 1,000.

References: (1) Rebhan, A. W., & Edwards, H. E.: *Canad. M. A. J.* 82:513, 1960. (2) Editorial Comments: *Canad. M. A. J.* 82:537, 1960. (3) Brownrigg, G. M.: *Canad. M. A. J.* 73:787, 1955. (4) Roy, T. E.; Collins, A. M.; Craig, G., & Duncan, I. B. R.: *Canad. M. A. J.* 77:844, 1957. (5) Royer, A., in Welch, H., & Marti-Ibañez, F: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 783.

PARKE, DAVIS & COMPANY, LTD.
Montreal 9, P.Q.

PARKE-DAVIS

® REGISTERED TRADEMARK 37660

The program is implemented by suggesting topics for study by local associations which relate to:

1. The maintenance of a healthful physical environment in the school and the home,
2. the health curriculum,
3. maintenance of good mental health,
4. provincial and national health services.

Health committee activities include:

1. Publicizing the fact that pamphlets, films, filmstrips and audio-visual aids are available from the Manitoba Bureau of Health Education, health units, etc.,
2. promoting cooperation with groups such as the Red Cross, Victorian Order of Nurses, health units planning prenatal clinics;
3. encouraging discussion groups for *both* parents, such as classes in home nursing, swimming and first aid;
4. developing an awareness of the need for adequate supervision of playgrounds, skating rinks, recreational centres;
5. examination of standards of safety in traffic, school busses, swimming and fire prevention in the home and community.

In summary, two words express the essence of parental and home and school responsibilities for health — *education and cooperation*. If either is lacking, health is not obtainable.

In Memoriam

Mary Ann Boyle, a graduate of St. Mary's Hospital, Montreal in 1942 died during June, 1960 at Bathurst, N.B. She served overseas with the RCAMC in World War II and upon her discharge trained as a laboratory technician. She was on the staff of the Provincial Hospital, Lancaster, N.B. until illness forced her retirement.

* * *

Mary Eleanor Cade who graduated from Hamilton General Hospital, Ont. in 1913 died in December, 1958.

* * *

Louise Cassidy who graduated from St. Michael's Hospital, Toronto in 1928 died on June 5, 1960.

* * *

Hilda (Paterson) Cuniffe, a graduate of Calgary General Hospital in 1932, died in March, 1960. She was a charter member of C.G.H. alumnae association.

* * *

Mary (Callen) Danis, a graduate of St. Michael's Hospital, Toronto in 1932, died in February, 1960.

* * *

Marjorie Edgar who graduated from the Royal Alexandra Hospital, Edmonton in 1929 died in June, 1960. A former matron of Lloydminster Hospital, Sask., Miss Edgar returned to Edmonton for postgraduate study at the University of Alberta. She was subsequently appointed a clinical supervisor at RAH, a posiition that she held for 16 years.

Florence Ells, a graduate of the Children's Hospital, Halifax in 1936, died on June 2, 1960. She was engaged in private nursing in Toronto at the time of her death.

* * *

Loretta (Archambeault) Humphreys who graduated from St. Michael's Hospital, Toronto in 1941, died November 21, 1959 in Quarreytown, N.B.

* * *

Ruth Kirk, a graduate of the Reddy Memorial Hospital, Montreal in 1941, died from injuries received in an accident, in Montreal on March 15, 1960. Her professional life had been devoted to private nursing.

* * *

Grace R. Mackenzie, a graduate of Toronto General Hospital in 1930, died July 10, 1959. She had engaged in private nursing.

* * *

Lulu Marrin, a graduate of St. Michael's Hospital, Toronto in 1921, died on December 10, 1959. Her professional life had been spent in Detroit, Michigan, mainly in service at Ford Hospital.

* * *

Bertha Eliza McGillvray, a 1903 graduate of Royal Victoria Hospital, Montreal, died in May, 1960 in New Westminster, B.C.

* * *

Roselle (Grogan) O'Sullivan, a graduate of St. Michael's Hospital, Toronto in

just insert the INCERT®
it's simple and safe

"...in addition to being a disposable unit...[Incert] introduces a change in the traditional technique of adding a medication to intravenous solutions."*

Eliminates "the use of the traditional, and potentially hazardous, syringe-needle method..."* in parenteral therapy.

■ No Ampules ■ No Syringes ■ No Needles ■ No Autoclaving ■ No Rinsing—
Sterile Technique Is Unbroken.

Note these findings:

"The Incert System of disposable vials reduces . . . air-borne contamination . . . to a minimum . . ."*

"... the disposable vial system minimizes the potential transmission of infectious hepatitis."*

"There is greater accuracy in delivering a pre-measured quantity of medication."*

*Hogish, R. C.; DeLa Chapelle, N.; Sowinski, R., and Downes, D.: Disposable Type Vials for Adding Medications to Large Volume Parenterals, Am. J. Hosp. Pharm. 17:104 (Feb.) 1960.

INCERT®

TRAVENOL LABORATORIES, INC.

Products Distributed by **BAXTER LABORATORIES of Canada, Ltd.** ALLISTON, ONTARIO

1923, died on March 9, 1960. She had engaged in private and occupational nursing during her professional career.

* * *

Kathleen Elizabeth Radcliffe, a graduate of Highland Park General Hospital, Michigan in 1930, died in Brantford, Ont., January 12, 1960.

* * *

Kathleen Reesor who graduated from Wellesley Hospital, Toronto in 1926, died on May 30, 1959.

* * *

Lorette Regnier, a Manitoba nurse on the staff of Misericordia Hospital, Winnipeg, died recently.

* * *

Emeline Robinson, a charter member of the Edmonton Overseas Nursing Sisters Unit who served in Belgium and France during World War I with the CAMC, died May 23, 1960. She was a past president of the Nursing Sisters' Association and served for years on the executive. During World War II she worked with the Red Cross Society, Canadian Corps and the Hostess House for service men. Miss Robinson wrote and illustrated the history of the nursing sisters of World War I. This document is presently in the Alberta government archives.

* * *

Josephine (Moore) Sandford, a 1919 graduate of St. Michael's Hospital, Toronto, died January 2, 1960.

* * *

Margaret Rose (Bridgeman) Speers, a 1929 graduate of Lord Dufferin Hospital, Orangeville, Ont., died on June 5, 1959.

* * *

Tena E. (Bailey) Stonehouse, a 1919 graduate of Harper Hospital, Detroit, died on May 23, 1959 in Windsor, Ont.

* * *

Jessie Tinney who graduated from the Public General Hospital, Chatham, Ont. in 1904, died recently in Chatham. She had been very active in the affairs of her alumnae association and was a past president. In recognition of her work with the organization, she had been given a life membership.

Book Reviews

The Nature of Retirement by Elon H. Moore, Ph.D. Edited by Gordon F. Streib, Ph.D. 217 pages. Brett-Macmillan Ltd., 132 Water Street South, Galt, Ont. 1959. Price $4.50.

Reviewed by Christine Charter, Director of Nursing, Victorian Order of Nurses, 1645 West 10th Ave., Vancouver 9.

The increasing age span of our population is resulting in greater concentration on those later years referred to as the "Fourth Stage of Life." Dr. Moore, a renowned sociologist and a man about to face retirement, presents a union of viewpoints in his book resulting from the intellectual objectivity of his profession and the compassionate sensitivity of a person to whom the problems discussed are very real.

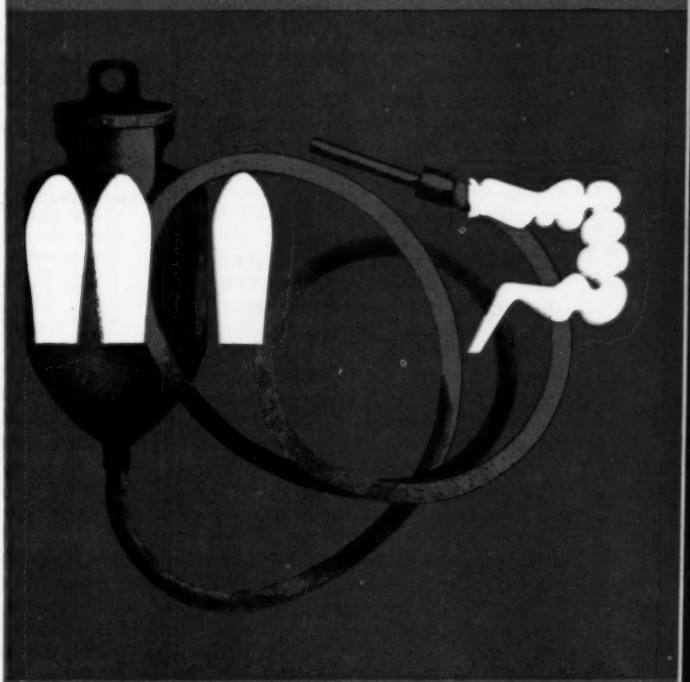
For his purpose Dr. Moore has defined a retired person as "one who has relinquished his mid-life job or position for a life of greater freedom and leisure and who relies on other sources than wages, salary, or profits for a major portion of his current living." The problems and satisfactions of retirement are discussed for the purpose of bringing about their recognition so that intelligent planning may assist in the surmounting of many possible difficulties. Essentially practical details are discussed under such headings as: Economic preparation, investments, annuity and insurance provision, to move or not to move. Much sound basic philosophy is found in the chapters dealing with The Impact of Retirement, The Plus and Minus of Retirement, Retirement Substitutes for the Job.

Based on detailed questionnaires filled out by over 900 retired people and on close consultations with fellow social scientists, plus many formal and informal interviews, "The Nature of Retirement" is a book, broad in scope yet practical and interesting to read. Although directed mainly to the male sex one chapter is devoted to Women and Retirement. The entire book is one which would be helpful to those about to retire, to those who have already done so, and to their families, as well as to anyone interested personally or professionally in making sure that "Life has more than mere length; it has depth and breadth."

lcolax®

ets and suppositories

Reliable Evacuation without purgation by colonic contact alone



ly by contact with the colonic
cosa, Dulcolax reflexly
duces coordinated large bowel
stalsis with resulting
cuation.
erally a single evacuation of
, formed stool without
arsis or straining results.
gentle but effective laxative".*
colax tablets are convenient to
for overnight action. For more
mpt effect Dulcolax suppositories usually act within the hour.
colax Bis(p-acetoxyphenyl)-
ridyl methane, yellow enteric
ted tablets of 5 mg in vials of
nd bottles of 100; suppositories
0 mg in boxes of 6 and 50.

chambault, R.: Canad. M.A.J.
28, 1959.

gy Pharmaceuticals
ker license from
H. Boehringer Sohn,
elheim

treal

L-1278

The History of Nursing by Richard H. Shryock, Ph.D. 330 pages. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. 1959. Price $5.00.
Reviewed by Miss Myrtle Crawford, University of Saskatchewan School of Nursing, Saskatoon.

This is a new book about the history of nursing. In the preface the author states that he intends not merely to retell the story of nursing but rather to present that story in close relationship to its scientific as well as its social background.

The first chapters cover the long sweep of history preceding and beginning the Christian era. The author discusses the development of observation and actions based on that observation, particularly in relation to illness, in each of the major Western (or Near Eastern) civilizations of the period. He illustrates, by examples and quotations, some of the major contributions of each civilization. Nursing as we know it is not apparent during these centuries. According to the author the main reasons for this were: that patients were looked after in the home; that the medical treatment was not of a type that required trained assistants to help with the care of the patients; that in most of these cultures the position of women was very inferior. Throughout the book these theories are put forward as reasons for lack of progress in nursing.

The considerable influence of the early Christian teaching on the care of the sick is discussed. In reference to the entrance of women into this field the author says, "Thus the heritage of hospital nursing involved a synthesis of Greek medicine, Roman institutions and Christian ideals."

The next chapters deal with the middle ages, the Renaissance and the Reformation. Progressing swiftly through the centuries we see the effect of barbarian invasions, migrations, Mohammedanism and the Arabic culture on society and on medicine. For long periods the female nurse is not active but again we see that as Western civilization advanced the status of women began to improve. The various female nursing groups, religious and secular were established.

In looking at the modern period (from 1500 to 1850) the development of medicine and the status of hospitals are considered rather fully. Developments in industry and economics, politics, science and women's rights are also reviewed. Nursing receives very little attention — although this is probably in line with historical fact. The discussion of the period from 1850 to the present includes many of the same items but nursing is presented somewhat more fully. Some of the information in this section seems somewhat inaccurate.

The book includes a large proportion of general history and history of medicine. As it was the author's intention to present nursing against this background, this seems reasonable. However, at times it appears that too much history of medicine has been included and on other occasions too much effort is expended in clarifying a point that the author is making.

This book develops rather interestingly as a story. I do not agree with the author's statement that "it will be quite possible to pick this book up where one pleases." On the contrary, I feel that much is lost if the story is not followed through from beginning to end. An interesting developmental pattern is apparent.

More clearly than certain other writers, this author distinguishes between medicine and nursing. He also identifies the emergence of the medical role of the nurse in conjunction with that of giving comfort to the patient.

Although the role of the nurse is defined quite well, this book is not specifically a history of nursing. Rather it seems to be a joint history of medicine, hospitals and nursing. If it is looked at from this viewpoint it should have some value for the teacher. It makes interesting reading for both teacher and student as it is liberally sprinkled with examples, anecdotes and quotations.

The Medical Secretary by Kenneth B. Coffin and R. Forrest Colwell. 391 pages. Brett-Macmillan Ltd., 132 Water St. South, Galt, Ont. 1959. Price $5.95.
Reviewed by Madeleine Hornsey, Clerk, Health Unit 2, Metropolitan Health Committee, Vancouver.

This clearly written, concise textbook is intended for the student who is training for work as a medical secretary, for the secretary who wishes to work in a medical office, and for the medical assistant who is expected to do office clerical work. It is written as a series of lessons covering the many specialized duties of a medical secretary in a doctor's or a dentist's office, or in a hospital.

The various tasks are clearly explained and detailed examples of many items are given. In addition to lessons in clerical duties, such as dictation, bookkeeping, billing, filing, detailed instructions are given in other duties essential to the smooth-running office: meeting patients, telephone technique, care of examining rooms and equipment. The section on dealing with unscheduled patients,

emergency calls, visiting doctors, the doctor's relatives and personal friends, and miscellaneous other visitors to the office, should prove very useful to an inexperienced receptionist. Specialized vocabulary lists and sample letters for shorthand and typing practice are included in each lesson.

Because this is an American publication, the details given in the sections regarding health insurance plans and taxes apply specifically to the worker in the United States. However, these sections are useful to draw the worker's attention to the fact that she needs to obtain information about similar Canadian plans.

This appears to be a very useful handbook for a lay person in any medical office.

Trends in Nursing History by Elizabeth M. Jamieson, R.N., B.A., Mary F. Sewall, R.N., B.S. and Lucille S. Gjertson, R.N., B.S. 522 pages. W. B. Saunders Company, West Washington Square, Philadelphia. 5th ed. 1959. Price $5.00.

Reviewed by Miss Mary Hamilton, Winnipeg General Hospital, Winnipeg, Man.

The story of nursing unfolds with a pleasing continuity of thought. It is interpreted against the religious, social, military and political backgrounds of the times.

Nursing is traced from its humble beginnings down through the Dark Ages when only a tiny flame flickered. In spite of many setbacks, the movement gained such momentum that it is difficult for the modern nurse to realize that the present day conception of nursing and hospitals was not always such. The scope of nursing radiates out in all directions.

Student nurses will find this a satisfying story of their profession. It will prove a valuable reference book for them. It is an easily read, straightforward account of the history of nursing. The method of presentation of material is good. The shortened first chapters and the inclusion of more recent and current events in nursing were necessary revisions.

A team of Washington University scientists has demonstrated that a diseased kidney is not, necessarily, all sick. A relatively few hard-working nephrons can maintain the function of a diseased kidney near normal capacity and thus conceal the progressive damages of a group of kidney disorders known as Bright's disease.

— Heart Research *Newsletter*

IF you are Moving . . .

. . . please report it promptly

REGISTRATION NO. ..... PROVINCE .....

NAME .....
(maiden name)

OLD ADDRESS .....

.....

NEW ADDRESS .....

.....

DATE EFFECTIVE .....

Mail this to: THE CANADIAN NURSE JOURNAL
1522 SHERBROOKE ST., W.
MONTREAL 25, P.Q.

Price list for Reprints

A new edition of Dr. E. M. Watson's
Summary of Clinical Laboratory Procedures
will be available after October 15, 1960.

Prices:

Single copies	15 cents
One dozen copies	$1.50
25 to 100 copies	10 cents each
Over 100 copies	8 cents each

Name .....

Address .....

No. of Copies .....

Amount Enclosed .....

THE POSEY SAFETY BELT

U. S. Patent No. 2,333,346

Prevents patients falling out of bed. Maximum freedom with safe restraint. Causes no mental fear or physical discomfort. Better than side boards, the Posey Safety Belt is so designed that it is under the patient and out of the way. Sizes: Small, Medium, Large. Cat. No. S-141, Price $6.45 each. Available extra heavy, riveted construction with key-lock buckles, Cat. No. P-453, $19.50.

J. T. POSEY COMPANY • 2727 E. FOOTHILL BLVD., PASADENA, CALIF.

MRS. COWARD'S TRAINED NURSES INSTITUTE

62, St. George's Square, London, S.W.1, England

Founded 1904

VACANCIES ARE AVAILABLE FOR SELECTED STATE REGISTERED NURSES WHO DESIRE TO UNDERTAKE PRIVATE NURSING.

The Institute, established for over 50 years as a non-profit making venture, offers nurses the advantage and comfort of facilities at its premises; also board and residential accommodation at moderate prices.

Full particulars as to remuneration, etc. may be obtained on application to the Sister-in-Charge at the above address.

Before leaving Canada nurses should apply for English registration to the General Nursing Council for England and Wales (23 Portland Place, London W.1.)

Over one hundred Canadian communities are opening their annual community fund campaigns. The mother of a new Canadian once asked "What is a Community Chest, and what do you put in it?" Community Chest, Welfare Federation, United Appeal — there are over a hundred in Canada. Over a hundred organizations where volunteers give freely of their time to see that those in need have health, welfare and recreational facilities. The workers in the more than 1,600 agencies supported by Canadian community funds are daily giving of their skill and knowledge to help bring about a better way of life for young and old alike. Careful budgeting and planning makes it possible for the community funds to set campaign goals based on the realistic needs of their many member agencies.

"...and what do you put in it?" Skills, organization, knowledge of human needs and sufferings, time and financial contributions. Trained social workers and many thousands of volunteers work in the agencies supported by community funds bringing help and advice to any who knock on their doors . . . visiting the sick and the lonely, helping children, mending broken homes . . . where would our community be without these social workers and volunteers? These agencies need funds in order to carry out their vital services. This is where every Canadian can help. At this very moment one of the volunteer canvassers for your community fund may be on his or her way to ask for your pledge . . . yes, you can give your annual contribution in instalments spread over the year. By supporting your local community fund you make certain that adequate health and welfare services are available in times of need. Please give generously. Let's all HELP THE UNITED WAY.

EMPLOYMENT OPPORTUNITIES

ADVERTISING RATES

Canada & Bermuda — $7.50 for 3 lines or less; $1.50 for each additional line.

U.S.A. & Foreign — $10.00 for 3 lines or less; $3.00 for each additional line.

Rates for display advertisements on request.

All advertisements published in both English and French issues. Closing date for insertion or cancellation orders, SIX WEEKS prior to date of publication.

English issue published the first of each month.

Address correspondence to:
THE CANADIAN NURSE JOURNAL
1522 SHERBROOKE STREET WEST
MONTREAL 25, QUEBEC

ALBERTA

Instructors Classroom & Clinical for May, 1960 or later. Starting salary $320 without degree & $355 with degree. Good personnel policies. Apply to: Director of Nursing Education, St. Michael's School of Nursing, Lethbridge, Alberta.

Public Health Nurse for generalized program in rural & semi-rural area immediately west of Edmonton, commencing October 1st. 1960. Salary with public health certificate is $3,630-$4,158 per annum according to experience. Annual vacation of 3-wks., accumulative sick leave, medical coverage through Blue Cross & M.S.I., generous pension plan, car provided. Apply to: The Secretary-Treasurer, Stony Plain - Lac Ste. Anne Health Unit, Stony Plain, Alberta.

Registered Nurses for 44-bed hospital, salary $325 per mo. with $5.00 increments per mo. after each 6-mo. service, board & room $30 per mo., group medical & hospitalization plans available. Apply: Holy Cross Hospital, P.O. Box 339, Spirit River, Alberta.

Registered General Duty Nurses (2) immediately for active 30-bed hospital. Salary $270-$295 per mo., 40-hr. wk., 21 days vacation after 1 year, plus all statutory holidays, 1½-days sick leave per mo., room, board & laundry $30 per mo. if desired. For further information apply: Matron, Municipal Hospital, Magrath, Alberta.

Registered General Duty Nurses for busy 45-bed hospital, with program to start building this year, a completely modern 70-bed hospital with 100-bed service facilities. Salary $275-$305, 40-hr. wk., 21 days vacation after 1-year service plus 9 statutory holidays, 1½-days sick leave per mo. accumulative up to 90 days. $35 per mo. deduction for room, board & laundry. For further information, apply to: Matron, Municipal Hospital, Peace River, Alberta.

General Duty Nurses (2) Salary $270 - $300 per mo. plus other benefits, 40-hr. wk., train fare from any point in Canada will be refunded if employed for 1-year. For full particulars apply to: Municipal Hospital, Two Hills, Alberta. Phone 335.

General Duty Nurses for 34-bed hospital. Salary $270 with 6- $5.00 increments every 6-mo. to maximum of $300, modern residence — $20 per mo., 40-hr. wk., vacation 1-mo. including statutory holidays, M.S.I. & Blue Cross plans in force. C.N.A. pension plan available. Apply: Miss M. M. Sissons, Matron, Municipal Hospital, Vulcan, Alberta.

General Duty Graduate Nurses for active 76-bed hospital, near Calgary & Edmonton, $275 gross salary for Alberta registered, $265 gross salary for non registered in Alberta. Excellent personnel policies & working conditions. Apply to: Matron, Municipal Hospital, Brooks, Alberta.

Graduate Nurses for General Duty in new 30-bed hospital 90-mi. from Calgary on Trans Canada Highway. 44-hr. wk., generous personnel policies. For particulars apply to: The Matron, Municipal Hospital, Bassano, Alberta.

BRITISH COLUMBIA

Supervisory Personnel — Staff Nurses (all departments) for 283-bed hospital with 72-bassinets opening approx. January 1961. In O.R. & Obstetrical Dept. preference will be given to nurses with postgraduate or equivalent experience in these fields. R.N.A.B.C. personnel policies in effect. For further information & application forms please apply to: Director of Nursing, Lions Gate Hospital, North Vancouver, British Columbia.

Supervisor (Evening & Night Service) for 110-bed hospital. Starting salary, 1960: $330; 1961: $357, more if experienced. For information apply giving qualifications & experience to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

Clinical Instructor (Medicine) for school of nursing in interior of British Columbia. Postgraduate preparation required, experience preferable. B.C. registration required. Salary based on preparation and/or experience. Position available **September 1st., 1960.** Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Head Nurse for Medical Ward in General Hospital with school of nursing, located in the interior of B.C. Salary based on experience and/or postgraduate preparation. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Head Nurse for Pediatric Ward General Hospital with school of nursing. Able to assist with student teaching program. Salary based on experience and/or postgraduate preparation. Applications should be addressed to: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Head Nurse for 48-bed **Pediatric Department** with postgraduate preparation in pediatrics & preparation &/or experience as head nurse. B.C. registration required. Salary: $305-$369. Credit for past experience & postgraduate preparation. Annual increments. 40-hr. wk. 28-day annual vacation, statutory holidays, cumulative sick leave. Apply to: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

General Duty Nurses for small active hospital. Salary $270 for unregistered, $285 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia

General Duty Nurses — O.R. Nurses with postgraduate or equivalent for 146-bed General Hospitals. Personnel policy in accordance with R.N.A.B.C. Rooms available in nurses' residence. Nurses Aides (with vcational training). Salary: $177 - $201 per mo. We do not have a residence for our Nurses Aides. Apply to: Director of Nursing, General Hospital, Chilliwack, British Columbia.

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary $275-$327. Pre-planned shift rotation, B.C. registration essential. 4-wk. vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses (2) immediately for 25-bed hospital 43 mi. north of Nelson, B.C. Salary: $285 to start; $270 non-registered. Living-in accommodation. Superannuation. Apply Matron, Victorian Hospital, Kaslo, British Columbia.

General Duty Nurses Salary $285 per mo., increase of $12 after 1-yr. service. Charge for room, board & laundry $40; all statutory holidays paid, 28-days vacation after year's service. Graduate complement six (6). Apply: Matron, Slocan Community Hospital, New Denver, British Columbia.

General Duty Nurses for 110-bed hospital in northwestern B.C. Starting salary, 1960: $285; 1961: $312, more if experienced. Residence available. For particulars apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary $285, maintenance $47.50. 40-hr. 5-day wk., 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses for 25-bed hospital, 35-mi. Vancouver, on coast. Close to Garibaldi Park Ski-ing lodge. 1-hr. to city, bus & train service. Salary BCRN $285 - $359 (4th. yr.) non-BCRN $270 - $282 (1st. yr.) Excellent personnel policies. Apply: Director of Nursing, General Hospital, Squamish, British Columbia.

General Duty Nurses for modern 154-bed General Hospital. Basic salary $285, generous personnel policies, nurses' residence. Apply to: Director of Nurses, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Nurses: starting salary $299 if 2 yr. experience, $285-$342 in 4 yr. Non registered $270. Maintenance $50, 10 statutory holidays, 4-wk. annual vacation. 1½ day sick leave per mo. very active town, world famous Cariboo cattle country, annual stampede. Apply: Director of Nursing, War Memorial Hospital, Williams Lake, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary $285-$342. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Obstetric, Operating Room & General Duty Nurses (Immediately) for new modern 125-bed hospital in central B.C., surrounded by magnificent scenery & excellent sporting opportunities. Starting salary B.C.R.N. $285 plus $14 increment with 2-yr. experience. Modern nurses' residence available. Apply: Nursing Supervisor, Regional Hospital, Prince George, British Columbia.

Operating Room Nurse with postgraduate course for active operating room in General Hospital with School of Nursing. Salary $285 plus increment for experience. Must be eligible for B.C. registration. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Starting salary $275 with regular increases. Board & room $25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic $285 with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia.

Graduate Nurse for 31-bed hospital, salary $275 per mo., **B.C. Registered Nurses** $285, with 4 annual increments of $14, 40-hr. wk., 4-wk. vacation, 1½-days sick leave per mo., Lodging $11 per mo. Fare from Vancouver refunded after 6-mo. For personnel policies & information apply to: Administrator, General Hospital, Ocean Falls, British Columbia.

MANITOBA

Registered Nurse (1-Immediately) for 11-bed hospital. Salary $310 per mo. with increments, less $45 per mo. full maintenance, living quarters in hospital. Apply to: Birch River Hospital Unit, Birch River, Manitoba.

Registered Nurses for Swan River Valley Hospital. Salary $280 with 4 semi-annual increments to $300, 40-hr. wk., 3, 8-hr. rotating shifts, 3-wk. vacation after 1-yr. continuous employment, 4-wk. thereafter. Recreational facilities include golfing, fishing, swimming, curling, etc. Apply to: Swan River Valley Hospital, Swan River, Manitoba.

Registered Nurse for General Duty, Licensed Practical Nurse. Good salaries & conditions. Apply Matron, Lorne Memorial Medical Nursing Unit, Swan Lake, Manitoba.

Registered Nurses (2) for General Duty (immediately) for fully modern hospital, 36-mi. from Winnipeg. Salary: $305 per mo. less $45 per mo. for full maintenance. $5.00 increase every 6-mo. for 4 increases. 1-mo. vacation after 1-yr. 8 statutory holidays, 42-hr. wk. Apply to: Mrs. O. C. Campbell, Matron, Hunter Memorial Hospital, Teulon, Manitoba.

Registered Nurses (2) for small modern hospital situated in the Whiteshell district of Manitoba. Excellent bus & train services to Winnipeg & Kenora. **One (1) Registered Nurse preferably with O.R. experience.** Starting salary $295 with semi-annual increases of $5.00, 1-mo. vacation after 1-yr., 8-statutory holidays. Apply: Matron, District Hospital, Whitemouth, Manitoba.

General Duty Nurses (3) for new 85-bed hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18, Portage La Prairie, Manitoba.

NOVA SCOTIA

Director of Nursing for new 68-bed hospital to be completed early in 1961. Please reply to: Personnel Committee, Soldiers' Memorial Hospital, Middleton, Nova Scotia.

Registered Nurses for Floor Duty (Immediately) 40-hr. wk. Nova Scotia R.N.A. salary scale. Apply to: Superintendent of Nursing, Western Kings Memorial Hospital, Berwick, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

ONTARIO

Director of Nursing Service for modern 100-bed hospital, day duty only, salary open, excellent personnel policies. Interview will be arranged. Forward enquiries to: Director of Nursing, St. Vincent de Paul Hospital, Brockville, Ontario.

Director of Volunteers for organization & direction of an extensive volunteer program in large General Hospital. Please apply to: Assistant Administrator Nursing, Ottawa Civic Hospital. Ottawa 3, Ontario.

Supervisors (Afternoon & Night), **Registered Nurses** (Extension Units), **General Duty Nurses** (Medical, Surgical & Obstetrical Units) for new hospital in centre of Seaway valley. For applications & enquires apply: Director of Nursing, Winchester & District Memorial Hospital, Winchester, Ontario.

Supervisor of Public Health Nursing required by the Welland & District Health Unit. For details write to: The Director, Welland & District Health Unit, King Street at Fourth, Welland, Ontario.

Director of Nursing for modern (1957) 53-bed hospital (to be increased this year to 72). Attractive town of 5,500. Salary dependent upon qualifications & experience. Please enclose references, give full particulars & date available in letter to: Secretary, Dryden District General Hospital, Dryden, Ontario.

Operating Room Supervisor (fully qualified & experienced) Good salary, 5-day wk., other benefits. Apply to: Mr. F. P. Chaffey, Administrator, The Cottage Hospital, Pembroke, Ontario.

Assistant to Superintendent for 37-bed hospital recently opened in July. 40-hr. wk. Good personnel policies. Will be expected to relieve in Operating Room. Apply to: Superintendent, District Hospital, Kemptville, Ontario.

Instructors (Science & Psychiatry) also Head Nurse for delivery room & General Duty Nurses for operating room in 285-bed hospital. 40-hr. wk., 8 statutory holidays, 3-wks. vacation, sick time. For further information, apply: Director of Nursing, Wellesley Hospital, 160 Wellesley Street, East, Toronto 5, Ontario.

TORONTO GENERAL HOSPITAL

invites applications from

REGISTERED NURSES and CERTIFIED NURSING ASSISTANTS

Rewarding Experience — Excellent Personnel Policies

For information write to:

DIRECTOR OF NURSING, TORONTO GENERAL HOSPITAL, TORONTO 2, ONTARIO

THE WINNIPEG GENERAL HOSPITAL

is Recruiting General Duty Nurses for all Services

SEND APPLICATIONS DIRECTLY TO:

THE PERSONNEL DIRECTOR, WINNIPEG GENERAL HOSPITAL

WINNIPEG 3, MANITOBA

Instructor for Certified Nursing Assistant Course. Training program is 10-months. 100-bed modern hospital. **Dietitian** for 100-bed modern hospital. Excellent personnel policies & salary scale, pension plan. **Physiotherapist** for 100-bed modern hospital. Duties to commence September 1, 1960. Apply to: Sister Superior, St. Vincent de Paul Hospital, Brockville, Ontario.

Registered Nurses for expanding General Hospital, Medical, Surgical. Operating Room & Obstetrical services, at Ajax on Highway 401, 20-mi. east of Toronto, hourly bus service to hospital. R.N.A.O. salary schedule, increments every 6-mo., sick & vacation time after 6-mo., 37½-hr. work wk., pension plan, living in accommodation Apply to: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario. **Nurses from Europe & United Kingdom** apply to: Canadian Department of Labor, 61 Green Street, London, W.1, England.

Registered Nurse "Not-recent" graduate. Excellent opportunity. No age limit. Supervisory capacity, day shift only in modern Dental Clinic in progressive area of Toronto. Please send full particulars. Apply: Mrs. H. T. Robbins, Bayview Dental Centre, 596-598 Bayview Avenue, Toronto, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed hospital. Starting salary $265 & $185 respectively with regular annual increments for both. Excellent personnel policies including 5-day wk. & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses ($255 - $285) & **Certified Nursing Assistants** ($185 - $215) for modern 90-bed General Hospital in attractive town near Toronto & resort areas. Annual increments, accumulative sick leave, pension plan, shift differential, 40-hr. wk. Apply to: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses & Certified Nursing Assistants needed to open new 165-bed wing in a 365-bed General Hospital located in suburban Toronto. Good salary, personnel policies include 5-day work wk., 8 statutory holidays. R.N. vacation after 1-yr. - 3-wks. Cert. N.A. - 2-wks. Living-in accommodation. Apply to: Director of Nursing, General Hospital, Scarborough, Ontario.

Registered Nurses for General Duty for 15-bed hospital in Red Lake Area. Duties to commence in July, 1960. Salary $300 per mo., maintenance in new residence $30. 4-wk. vacation after 1-yr., transportation expense 1 way repaid after 6 mo. Apply with full particulars to: The Matron, Margaret Cochenour Memorial Hospital, Cochenour, Ontario.

Registered Nurses, Certified Nursing Assistants for General Duty in a most modern 58-bed hospital (to be increased to 77-bed this yr.). Starting salary: R.N.'s $285 per mo. with consideration for past experience; C.N.A.'s $206 per mo. Single room residence accommodation available. Attractive growing town of 5,500 midway between Winnipeg & Fort William on the main line of the C.P.R. & on the Trans-Canada Highway in the midst of large tourist area. For complete information regarding personnel policies, community activities, etc. please write, wire or telephone to: The Director of Nursing, General Hospital, Dryden, Ontario

---

Registered Nurses for General Duty in modern 18-bed. Private Hospital in iron mining town. 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary $268 minimum to $303 maximum for experience, less $20 per mo. maintenance. Transportation allowance after 6-mo. service. **Operating Room Nurse,** starting salary $288 minimum with postgraduate course, $323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Wawa, Ontario.

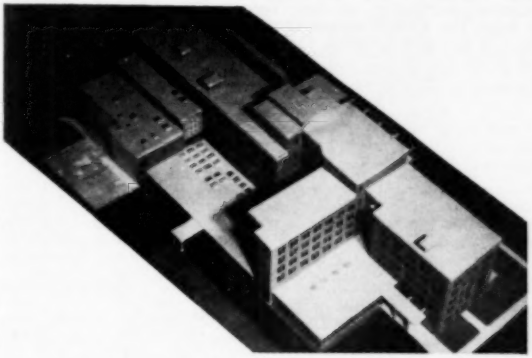
Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. **Salary: $270 per mo.** with annual merit increments, **plus annual bonus plan,** 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.

Registered Nurses for Staff Duty & Operating Rooms in General Hospital. Modern wings increasing to 64-beds to be opened this summer. Good salary & personnel policies. Apply to: Director of Nursing, Arnprior & District Memorial Hospital, Arnprior, Ontario.

Registered Nurses or Graduate Nurses for General Duty in modern 100-bed hospital. Basic salary $250 for R.N. 40-hr. wk. good personnel policies. Apply: Superintendent of Nurses, Smiths Falls Public Hospital, Smiths Falls, Ontario.

Registered General Duty Nurses (Immediately) for 29-bed hospital. Salary: $265 per mo. with increments up to $295. 4-wk. vacation with pay after 1-yr. service. 8 statutory holidays. Nicely furnished nurses' residence. Apply: Superintendent, Bingham Memorial Hospital, Matheson, Ontario.

Registered General Duty Nurses (all departments) in new 300-bed hospital in Niagara Peninsula. Starting salary $270 with 3-annual increments to $300 per mo., 40-hr. 5-day wk., with 3-wk. annual vacation, residence accommodation available. Apply to: Director of Nursing, County General Hospital, Welland, Ontario.



ST. JOSEPH'S GENERAL HOSPITAL

requires

SUPERVISOR — HEAD NURSE

GENERAL DUTY NURSES (3)

FOR

5-theatre Operating Room Suite, in New Wing of 300-bed teaching hospital.

SUPERVISOR — To administer Operating, Post-anesthetic and Emergency Units. Postgraduate course and supervisory experience essential. Attractive personnel policies.

General Duty Positions available in Pediatric and Obstetric Services.

Apply:

DIRECTOR OF NURSING SERVICE,
ST. JOSEPH'S GENERAL HOSPITAL, PORT ARTHUR, ONTARIO.

THE SARNIA GENERAL HOSPITAL

OFFERS EXCELLENT OPPORTUNITIES FOR

REGISTERED NURSES

AND

CERTIFIED NURSING ASSISTANTS

The hospital is modern, fully approved (J.C.A.H.) with plans for an expansion program to be completed over the next five years.

Sarnia is a rapidly growing city located midway on the seaway, 60 miles north of Detroit and Windsor and 60 miles west of London. It is a summer resort area noted for swimming and boating as well as being located a reasonable distance from the skiing resorts in Northern Michigan.

Excellent benefits include a 40 hour week, regular rotation of shifts with premium pay for evenings and nights.

Salary Schedule:

for Registered Nurses — $265 per month to $324 per month.
for Certified Nursing Assistants — $187 per month to $215 per month.

Apply to:

PERSONNEL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO.

Registered Staff Nurses for all departments (including Operating Room); 5-day wk.; 8 statutory holidays; 3-wk. vacation annually; starting salary $270 per mo., 3 annual increments; rotating hours of duty. For further information apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto, Ontario.

General Duty Nurses (Immediately) for 30-bed hospital. Reply stating experience & salary expected. Reply to: Secretary, Englehart & District Hospital Board, Englehart, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $265-$295, Excellent personnel policies, pension plan, residence accommodation. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for modern 100-bed hospital with building program just completed. Registered start at $260 monthly, Graduates at $225; 40-hr. wk., benefits include accident, sickness & life insurance, hospital & medical insurance plans, & O.H.A. Pension Plan. Opportunities for O.R. work. Busy hospital located near Point Pelee National Park, short drive from Detroit, Michigan. Apply: Miss Tillett, Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

General Duty Nurses for 100-bed hospital, up-to-date facilities in a beautiful location on the shore of Lake Erie. Salary $267 per mo. with recognition for P.G. courses, 40-hr. wk. effective January 1, 1960. Residence available, Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses for 100-bed modern hospital, south-western Ontario, 32-mi. from London. Salary commensurate with experience & ability; basic: $265, max.: $295. Residence accommodation available. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital Tillsonburg, Ontario.

General Duty Nurses for new 35-bed active hospital. Salary $250 for Registered. Full particulars. Apply: Superintendent, Uxbridge Hospital, Uxbridge, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for **General Staff Nurses.** Basic salary $270 per mo., 40-hr. wk. Good personnel policies for other benefits. Residence accommodation available. Apply to: The Director of Nursing.

General Duty Nurses Male & Female & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Public Health Nurse (qualified) generalized program, salary $3,400, annual increment $200, 5-day wk., car allowance ten cents per mile, group insurance plan, 4-wk. vacation. Apply to: Dr. W. N. Turpel, M.O.H. & Director, Lennox & Addington County Health Unit, Napanee, Ontario.

Public Health Nurse (Qualified - Catholic) for St. Elizabeth Visiting Nurses' Assn. Minimum salary: $3,600, annual increment. 5-day wk., 4-wk. vacation. $100 uniform allowance. Pension, P.S.I., Blue Cross. Apply: Director, 67 Bond Street, Toronto, 2, Ontario. EM. 8-1863.

Public Health Nurses for Staff positions. Starting salary $3,600 with uniform allowance & annual increments. Good personnel policies. Apply to: Miss Helen Saunders, Director, Victorian Order of Nurses, Windsor, Ontario.

Nurses for Operating Room & General Duty for 100-bed General Hospital. Salary: $250 - $300 per mo. according to experience & qualifications. 40-hr. wk., 7 statutory holidays, 12 days sick leave & pension fund. Apply to: Directrice du Nursing, Hôpital St-Jean de Brébeuf, Sturgeon Falls, Ontario.

P.E.I.

General Duty Staff Nurses for 12-bed hospital, 8-hr. shifts, 44-hr.-wk., room & board provided. Apply to: Superintendent, Stewart Memorial Health Centre, Tyne Valley, Prince Edward Island.

BERMUDA

Assistant Matron with postgraduate, or experience in administration nursing service, for 140-bed hospital with building program in operation. For further information apply: Matron, King Edward VII Memorial Hospital, Bermuda.

Chief Dietitian for 140-bed hospital. Training school affiliated with Montreal hospitals. Fare paid. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for Operating Room with operating room postgraduate course and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Evening Supervisor (Experience in ward supervision as a minimum), **Assistant Supervisor** (Experience in supervision required), **O.R. Supervisor** (Postgraduate course or experience in supervision of O.R.), **Registered Nurses** (General Staff). Salary scale of ANPQ. Write to: Director of Nursing, Lachine General Hospital, Lachine, Quebec.

Registered Laboratory Technician for new modern 24-bed hospital located in centre of Gaspe Peninsula, excellent recreation facilities including indoor swimming & artificial ice. Salary commensurate with qualifications. Reply stating training & experience to: Box L, The Canadian Nurse Journal, 1522 Sherbrooke Street west, Montreal 25, Quebec.

Residence, Cook County School of Nursing

NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

. . . THEY WORK AT

COOK COUNTY HOSPITAL

. . . in one of the Largest Most Stimulating Medical Centers in the World

Here's an opportunity to gain unique and valuable experience in a *public* hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at *$345-$385* for a *37½ hour week*. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

REGISTERED NURSES

AND

CERTIFIED NURSING ASSISTANTS

SUNNYBROOK HOSPITAL, TORONTO
DEER LODGE HOSPITAL, WINNIPEG
QUEEN MARY VETERANS HOSPITAL, MONTREAL
WESTMINSTER HOSPITAL, LONDON
LANCASTER HOSPITAL, SAINT JOHN, N.B.
STE. ANNE DE BELLEVUE VETERANS HOSPITAL, P.Q.
SHAUGHNESSY HOSPITAL, VANCOUVER, B.C.

Pension plan; three weeks' paid vacation; three weeks' cumulative sick leave; 5 day week; low cost living in staff residence — for Nurses. Application forms are available at Civil Service Commission Offices, National Employment Offices and main Post Offices.

For further particulars contact the Civil Service Commission Office in the province where the position in which you are interested exists —

ONTARIO — 25 St. Clair Ave. East, Toronto.
MANITOBA — 266 Graham Ave., Winnipeg
NEW BRUNSWICK — Post Office Bldg., Canterbury St., Saint John, N.B.
QUEBEC — 685 Cathcart St., Montreal
BRITISH COLUMBIA — 1110 Georgia St. West, Vancouver, B.C.

KINGSTON GENERAL HOSPITAL

invites applications for position of

DIRECTOR OF NURSING

The hospital is situated in the cultural and historic city of Kingston. The new Connell Wing recently opened increased bed capacity to 625. A modern, new cafeteria, with a nurses' training school completes a brief picture of this fully accredited General Hospital. Salary is dependent upon qualifications and experience. Excellent personnel policies with 4 weeks annual vacation, pension and medical plans.

For further information address enquiries to:

SUPERINTENDENT
KINGSTON GENERAL HOSPITAL
KINGSTON, ONTARIO

Assistant Head Nurses; excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered General Duty Nurses for 28-bed General Hospital, 45-mi. from centre of Montreal with excellent bus service. Gross salary $250 with full maintenance in nurses' home at $35; 3 increases at 6-mo. intervals to $265; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays: 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Quebec.

General Duty Nurse for new modern 24-bed hospital located in centre of Gaspe Peninsula to be opened in August. Working conditions in accordance with Quebec Association of Nurses standards. 44-hr. wk., excellent recreation facilities including indoor swimming & artificial ice. Reply stating training & experience to Box L, the Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

SASKATCHEWAN

Matron (1); Registered Nurses for General Duty (2) for 8-bed hospital at Hodgeville, Sask. Duties to commence immediately. Salary & all benefits according to SRNA. Maintenance available at $30 per mo. Contact: Mrs. M. Rumpel, Secretary, Union Hospital, Hodgeville, Saskatchewan.

Matron (To commence duty Oct. 1), Registered Nurses (2-Immediately). Salaries as per S.R.N.A. schedule. 40-hr. wk. Nurses' residence. Daily bus service. Apply to: Fred Howlett, Secretary, or phone 53, Union Hospital, Mossbank, Saskatchewan.

Registered Nurses (2) for 19-bed hospital at Vanguard, Sask. Salary range $280 - $355. One year's experience $295 - $355. 3-wk. vacation, sick leave, residence on grounds with T.V. Apply to: The Secretary, Vanguard Union Hospital, Vanguard, Saskatchewan.

U.S.A.

Supervisors & Nurses for 80-bed County Hospital. Starting salary $337 - $395 plus normal increases, 3-wk. vacation. Situated in picturesque mountain foothills. No smog or rain, leisurely living in home-like congeniality. Near Los Angeles, San Diego, Las Vegas & 8-mi. from historic Mexico. Send for descriptive letter. Mr. L. J. Lonni, Imperial County Hospital, Box 1771, El Centro, California.

Registered Nurses for modern 374-bed JCAH fully accredited General Hospital. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses, (eligible for California registration) for new 254-bed JCAH approved district hospital, San Francisco Bay area. Positions available in surgery, Gyn. O.B., pediatrics & medicine. **Staff Nurses** entrance salary $345 with range to $385 per mo. Supervisory positions at increased rate. Special area & evening differential paid. Free Blue Cross hospitalization & surgical coverage with liberal personnel policies & fringe benefits. Uniforms laundered free. Excellent modern housing, schools & colleges. Apply: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary $330 plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Registered Nurses for Operating Room, Delivery, Nursery — all shifts. Starting salary $340 per mo., liberal shift differential, 9 paid holidays, insurance, sick leave & vacation. Contact: Director of Nurses, Washington Township Hospital, 2000 Mowry Avenue, Fremont, California.

Registered Nurses for General Duty in modern, accredited 76-bed hospital — South Central California near Sequoia National Park. Good salary & benefits. Excellent working conditions. Ideal community. Winter & Summer recreation Transportation to hospital paid on suitable confirmation of employment. Must qualify for registration in California. For details write: Administrator, Memorial Hospital at Exeter, 215 Crespi Avenue, Exeter, California.

Registered Nurses for General Duty, obstetrics, operating room & emergency. Beginning salary: $330 per mo. $10 differential paid for afternoon & night shifts, also for obstetrics, nursery & operating room. 40-hr. wk. Liberal vacation policy, sick leave, holidays. Paid health & life insurance. Please write: Mrs. Doretha Stuart, Personnel Director, Community Hospital, Fresno 15, California.

Registered Nurses (Surgery & General Duty) for 200-bed hospital located in southern California. Beginning salary (40-hr. wk.) $345 per mo. Additional $10 for surgery & obstetrical service plus differential of $22.50 for p.m.'s & nights. Apply: Santa Ana Community Hospital, 600 E. Washington Ave., Santa Ana, California, Attn: Personnel Director.

Staff Nurses for new modern 800-bed General & Tuberculosis Institution in beautiful San Joaquin Valley city — no smog — no snow — 235,000 in metro. area, midway between Los Angeles & San Francisco, close to 3 National Parks, 2 colleges & other cultural advantages. Full maintenance available. Immediate appointment. $341 - $426 mo. Apply immediately to: Director of Personnel, Fresno County Civil Service, Room 101, Hall of Records Building, Fresno 21, California.

JEAN TALON HOSPITAL

MONTREAL

REGISTERED NURSES

WANTED

Excellent working conditions: pension plan, salary range $57 - $80 per week according to qualifications. Statutory holidays, paid sick leave, paid vacation, life insurance, sickness insurance. Free: 1 meal daily, laundering of uniforms.

For further information write to:

LA DIRECTRICE DU NURSING
HOPITAL JEAN-TALON
1385 EST, RUE JEAN-TALON
MONTREAL 35

OPERATING ROOM TECHNICIANS

THE MONTREAL GENERAL HOSPITAL

would welcome applications for operating room technicians

Please apply to:

THE DIRECTOR OF NURSING,
THE MONTREAL GENERAL HOSPITAL,
1650 CEDAR AVE.,
MONTREAL, QUEBEC.

REQUIRED IMMEDIATELY

Qualified Clinical Teacher for Operating Room

GOOD SALARY

AND

PERSONNEL POLICIES

Apply:

DIRECTOR OF NURSING,
KINGSTON GENERAL HOSPITAL, KINGSTON,
ONTARIO

REGISTERED NURSES

required for the

GENERAL STAFF

of the

OPERATING ROOM

Salary range $270 - $305

commensurate with experience and qualifications.

Apply

DIRECTOR OF NURSING
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO

Staff Nurses for 200-bed General Hospital; heart of Los Angeles cultural & educational center. **General Duty:** $335 per mo. minimum-days. $25 dif. for 3-11 & $20 dif. for 11-7. Time & ½ over 40-hr. wk. Soc. Sec., State Dis. Ins. 2-wk. vacation end of 1-yr. 3-wk. after 5-yr. 7 paid holidays 12 day sick leave. Cotton uniforms laundered. Nurses' residence $10 per mo. Graduates of accredited schools, California license obtainable immediately. Promotions made from staff whenever feasible. Apply: Mildred Croddy, R.N., Director of Nurses, Santa Fe Coast Lines Hospital, 610 South, St. Louis Street, Los Angeles 23, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Registered Nurses (Opportunities are available) Come to California to further your nursing career. If you are eligible for California registration & can speak & write English, the Los Angeles County General Hospital can offer you a position starting at $375 monthly. Openings now available on Medical, Obstetrical & Surgical Services. For full details, write: Evelyn Nina Spees, R.N., Los Angeles County General Hospital, 1200 North State Street, Los Angeles 33, California.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in Psychiatry & Pediatrics on a segregated service. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $365 for days, $395 for evenings, $385 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk. Salary: $390 days, $420 evenings, other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Nurses in obstetrics, pediatrics, medicine & surgical nursing. We invite inquiries from all Canadian Nurses considering employment in the United States. For full particulars, write: Director of Nursing Service, Indiana University Medical Center, 1100 West Michigan Street, Indianapolis 7, Indiana.

Director of School of Nursing for 200-bed J.C.A.H. accredited General Hospital. State approved diploma school seeking N.L.N. accreditation. Average enrollment, 65 students. Master's degree in nursing education & experience as educational director preferred. Salary commensurate with background. Liberal personnel policies. Apply: Rev. Carl H. Grathwohl, Administrator, Evangelical Deaconess Hospital, 3245 East Jefferson Avenue, Detroit 7, Michigan.

Registered Nurses — Salary open, commensurate with experience, differential for evenings & night service. Openings in Obstetrical & Medical-Surgical areas. Must be eligible for registration in the State of Michigan. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

Registered Nurse — Immediate positions available in medical-surgical, obstetrical, pediatrics & operating room units of modern, non-profit, J.C.A.H. accredited 125-bed General Hospital located in beautiful suburban area just 20-min. from downtown Detroit. Progressive, expanding organization with liberal personnel policies & in-service education program. Salary commensurate with experience with differential for afternoon & evening shifts. Apply: Director of Nursing, The Lynn Hospital, Lincoln Park, Michigan.

Graduate Nurses for General Hospital & Infirmary, 17 mi. west of downtown Detroit, Michigan (Choice of General or Psychiatric Duty). Salary: $410-$450 per mo. 40-hr. wk. Up to 15 days vacation after first year, plus 11 holidays. Liberal sick leave, retirement & social security. Must be graduate of accredited Canadian nursing school. Write: Director of Nursing (either General, Infirmary or Psychiatric), Wayne County General Hospital, Eloise, Michigan.

School Nurse for small infirmary in girl's private school, 20-mi from New York City., pleasant opportunity. Apply: P.O. Box 308, Summit, New Jersey.

Registered Nurses: Transportation Paid via 1st class air to Albuquerque & return in exchange for 1-yr. employment contract. Come to New Mexico, "Land of Enchantment", largest private hospital in state - General Hospital, sanatorium & geriatric units, building program, in-service education. Vacancies for staff duty, salary $300/mo. to start, $15 differential for evenings & nights. Write or call: Mrs. Emily J. Tuttle, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico. Phone Chapel 3-5611.

Staff Nurses (All Services) for air-conditioned teaching hospital. Base salary — rotation: $292 per mo.; evenings or night: $305 per mo. Good personnel policies. Apply: Director Nursing Service, University of Texas Medical Branch, Galveston, Texas.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

OPPORTUNITIES

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic, Northwest Territories and the Yukon Territory.

SALARIES

(1) Public Health Nursing Supervisors: up to $5,460 depending upon qualifications and location.

(2) Directors of Nursing in Hospitals: up to $5,400 depending upon qualifications and location.

(3) Public Health Staff Nurses: up to $4,050 per year depending upon qualifications and location.

(4) Hospital Staff Nurses: up to $3,750 per year depending upon qualifications and location.

(5) Certified Nursing Assistants or Licensed Practical Nurses: up to $200 per month depending upon qualifications and location.

• Room, Board and Laundry in residence at reasonable rates. Statutory holidays. Three week's annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.

• Special pay and leave allowances for those posted to isolated areas

For interesting challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.

(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.

(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.

(4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.

(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.

(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.

(7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec, 4, P.Q.

(or) Chief Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

VICTORIAN ORDER OF NURSES FOR CANADA . . .

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

Director in Chief,
Victorian Order of Nurses
for Canada
5 BLACKBURN AVENUE
Ottawa 2, Ont.

JOSEPH BRANT MEMORIAL HOSPITAL
1240 NORTH SHORE BLVD., BURLINGTON, ONTARIO.

This modern General Hospital will be ready for occupancy in early 1961.

Applications are invited for Supervisory and Staff positions in nursing service.

Opportunities are available for Registered Nurses and Certified Nursing Assistants in pediatrics, obstetrics, medicine, surgery, operating Room, and central supply.

Apply to the

DIRECTOR OF NURSING

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

JOSEPH BRANT MEMORIAL HOSPITAL
BURLINGTON, ONTARIO

A 200-bed hospital to be opened in 1961, invites applications for the position of . . .

ASSISTANT DIRECTOR OF NURSING
APPLY TO THE: DIRECTOR OF NURSING

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric & pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th. Street, Cleveland 6, Ohio.

GLACE BAY GENERAL HOSPITAL

GLACE BAY, NOVA SCOTIA

has openings for

2 Clinical Supervisors — 2 Medical-Surgical Supervisors —

1 Nursing Arts Instructor —

40 hour week

3 weeks vacation and 8 statutory holidays

Apply: Administrator,

GLACE BAY GENERAL HOSPITAL, GLACE BAY, NOVA SCOTIA.

PUBLIC HEALTH NURSES

FOR

Generalized program

IN

Seaway Development Area

Usual benefits, Pension Plan, allowance for experience

Apply to:

DR. PAUL S. deGROSBOIS, M.O.H.
HEALTH UNIT
26 PITT STREET
CORNWALL, ONTARIO.

Applications are solicited

FOR

PUBLIC HEALTH NURSES

IN

Simcoe County Health Unit

Personnel Policy on request

Write to:

SECRETARY-TREASURER,
COURT HOUSE, BARRIE
ONTARIO.

LABORATORY TECHNICIAN/GENERAL DUTY NURSE OR LABORATORY/X-RAY TECHNICIAN

For 34-bed hospital (expanding to 50-bed in 1961) in northern Ontario. Living quarters available in nurses' residence. Salary commensurate with experience and qualifications. *For further information apply:*

SUPERINTENDENT, PORCUPINE GENERAL HOSPITAL,
SOUTH PORCUPINE, ONTARIO

DIRECTORS AND ASSISTANT DIRECTORS OF NURSING

$4,350 - $4,860 and $3,900 - $4,560

Indian and Northern Health Services Department of National Health and Welfare. Vacancies exist at: Manitowaning, Ont., Norway House, Man., Edmonton, Alta., Hobbema, Alta., and Whitehorse, Yukon. Qualified nurses, preferably with a university certificate of a completed course in administration or teaching and supervision. Three years' experience as a hospital nurse, including at least one year as a charge nurse or supervisor.

For details, write to

CIVIL SERVICE COMMISSION, OTTAWA. Please ask for Information Circular 60-821.

Public Health Nurses qualified for a generalized program in the City of Oshawa. Salary range $3,500-$4,370; annual increment $175; starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Oshawa, Ontario.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $270 to $310 gross per month. Differential for evening and night duty. Temporary residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

EDUCATIONAL DIRECTOR

FOR NEW SCHOOL OF NURSING

New school building, new student residence. Hospital opened in 1956, all services; 250-beds.

Present plan to enrol first class of students for September 1961. Director required at once to facilitate planning an educational program and arranging for staff.

Opportunities for additional education at Laurentian University.

Salary according to qualifications and experience.

Apply:

DIRECTOR OF NURSING, SUDBURY MEMORIAL HOSPITAL,
REGENT STREET SOUTH, SUDBURY, ONTARIO.

THE SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL

REQUIRES

INSTRUCTOR IN PEDIATRIC NURSING

This is an opportunity to be a member of the faculty in a progressive school which emphasizes educational experiences for the student in a program pattern of two years of nursing education followed by one year internship. One class of 30 students is admitted yearly. Duties include clinical and classroom instruction.

Requirements: University preparation in Nursing Education

Salary differential for degree.

For further information apply to:

DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE RD., WINDSOR, ONT.

DIRECTOR OF NURSING

Preference will be given to an applicant holding a degree in Nursing supported by practical experience in a General Hospital.

A campaign is now being conducted to raise funds to expand this hospital in a suburb of Montreal, Que., from the present 80 beds to 140.

This position offers an opportunity for the exercise of judgment and training in building the nursing service of a modern acute hospital.

Please write to Box No. M,

THE CANADIAN NURSE JOURNAL,
1522 SHERBROOKE STREET, WEST, MONTREAL 25, QUEBEC.

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: $270-$320 per mo. Certified Nursing Assistants $200-$220 per mo. 5 day week. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary $270 - $310 per month if registered in Ontario.
Differential of $10 for evening and night duty.
40-hour week. Sick leave cumulative to 30 days.
3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary $276 monthly ($127 bi-weekly) with annual increment $10 monthly ($4.60 bi-weekly) for three years, if registered in Ontario; $256 monthly ($117.80 bi-weekly) until registered. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12 working days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

GENERAL DUTY STAFF

SUPERVISOR FOR NEW PSYCHIATRIC UNIT TO BE OPENED IN FROM FOUR TO SIX MONTHS.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

HAMILTON GENERAL HOSPITALS

SCHOOL OF NURSING

Requires Immediately Instructor for Operating Room Department.

Qualifications — One year or more of university preparation in nursing education and advanced preparation in Operating Room Work.

The School of Nursing has a program of 2 years correlated theory and practice plus one year internship for approximately 300 students.

Apply to:

**DIRECTOR OF NURSING,
HAMILTON GENERAL HOSPITAL,
BARTON STREET EAST,
HAMILTON, ONTARIO.**

HAMILTON GENERAL HOSPITALS

Opportunities for Professional Nurses

Positions available in all Clinical Areas

(1) Obstetrical Unit —
Apply to:
Superintendent of Nursing, Mount Hamilton Hospital, Hamilton, Ontario.

(2) Medical Unit —
Apply to:
Superintendent of Nursing, Nora-Frances Henderson Hospital, Hamilton, Ontario.

(3) Medical — Surgical — Pediatric Unit & Operating Room —
Apply to:
Director of Nursing, Hamilton General Hospital, Barton Street East, Hamilton, Ontario.

PERSONNEL POLICIES SENT ON REQUEST

GENERAL DUTY NURSES

Registered Nurses urgently required for General Duty, all shifts, at the Ontario Hospital, Whitby, located 25 miles east of Toronto and 5 miles west of Oshawa, near Highways 401 and No. 2 on Lake Ontario. Hourly bus service from Whitby to Toronto.

This is an active treatment, psychiatric hospital with a School of Nursing, and affiliation undergraduate program. In-service educational program will be starting this autumn. Starting salary $270 per month if registered in Ontario. $240 per month until registration is established. Annual increments until the maximum has been reached. Good personnel policies, including a 5-day, 40-hour week, cumulative sick time at the rate of one and a half days per month effective upon employment. Pension plan, health insurance and P.S.I. available upon request. Annual vacation and all statutory holidays in accordance with Civil Service regulations.

APPLY to:

THE DIRECTOR OF NURSING,
ONTARIO HOSPITAL, WHITBY, ONT.

CLINICAL INSTRUCTOR
in
MEDICAL AND SURGICAL NURSING

Recent University postgraduate course and teaching experience preferred.

This 300 bed hospital has modern classrooms and facilities in main wing of building. Student enrollment — 90. New students' residence adjacent to hospital.

Excellent opportunity of using progressive techniques in teaching.

Apply to:

**PERSONNEL DIRECTOR,
SARNIA GENERAL HOSPITAL,
SARNIA, ONTARIO.**

CLASSROOM & CLINICAL INSTRUCTORS
GENERAL STAFF NURSES
required
The General Hospital of Port Arthur
Salary schedule in conformity with R.N.A.O. recommendations.
Partial fare refund after 1 yr. in service.

WRITE:
DIRECTOR OF NURSING,
GENERAL HOSPITAL OF PORT ARTHUR, PORT ARTHUR, ONTARIO.

NURSES
PROVINCIAL HOSPITAL CAMPBELLTON
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
FOR NEW 600-BED MENTAL HOSPITAL
Salary: $3,000 - $4,320 per annum
Salary commensurate with qualifications and experience.
Full Civil Service benefits including three weeks annual vacation with pay, sick leave benefits, 40-hour work week, superannuation and retiring leave. Room and board in modern nurses' residence supplied at nominal cost.

Apply: Civil Service Commission,
P.O. BOX 1055, FREDERICTON, N.B.

JEWISH GENERAL HOSPITAL
MONTREAL, QUEBEC

Completion of expansion program makes available attractive positions for Registered Nurses for Administration and General Duty and also for Certified Nursing Assistants. Excellent personnel policies. Salary in accordance with The Association of Nurses of the Province of Quebec recommendations and commensurate with experience and education. Residence accommodation available.

For further information, please write:
DIRECTOR OF NURSING, JEWISH GENERAL HOSPITAL
3755 COTE ST. CATHERINE ROAD, MONTREAL, QUEBEC

DISTRICT OF KENORA HEALTH UNIT
KENORA, ONTARIO

Invites applications from qualified personnel for the following positions:-

2 Public Health Nurses

Salary: - Minimum — $3,500.00 Maximum — $4,375.00

Car provided, pension plan, attractive personnel policies. This progressive Health Unit is situated in the heart of the Lake of the Woods tourist area.

Apply to:
MR. D. T. McLEOD, SECRETARY-TREASURER, DISTRICT OF KENORA HEALTH UNIT, BOX 174, KENORA, ONTARIO